

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35418

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No.

Township 3

Primary Registration District No. 12001

Registered No. 843

City Springfield, Mo.

Place of death Baptist Hospital

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Chas. L. Abbott St. _____
(Usual place of abode) 3rd Home Ark

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 17 1918

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

14

8

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Child

10. Date deceased last worked at this occupation (month and year)

12/1 B 12/29 10/1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Leage Ind

FATHER

13. NAME

Fred Abbott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

MOTHER

15. MAIDEN NAME

Louis H. Clarkson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

17. INFORMANT (ADDRESS)

Miss Fred Abbott 3rd Home Ark

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dallas Texas

DATE 11-19-32

19. UNDERTAKER (ADDRESS)

Elmer H. Hume 3rd Home Springfield Mo.

20. FILED

11-19-32

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1932, to Nov 19, 1932

I last saw him alive on Nov 18, 1932 Death is said

to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Acute appendicitis about
with general peritonitis
Oct 20

Other contributory causes of importance:

massive collapse lung - Nov 18
Pneumonia

Name of operation Laparotomy

Date of Oct 30 1932

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify yes, D. Callaway

(Signed)

(Address) Springfield, Mo

