

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.

12266

## 1. PLACE OF DEATH

County AUDRAINRegistration District No. 26Township SALT RIVERPrimary Registration District No. 3002City MEXICO

(No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. 63

## 2. FULL NAME

MRS. OLLIE ABBINGTON(a) Residence, No. 604 E RAILROAD

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

Length of residence in city or town where death occurred 12 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.12

yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

MALE

## 4. COLOR OR RACE

COLORED

## 5. SINGLE, MARRIED, WIDOWED, OR

MARRIED

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFWILLIAM ABBINGTON

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

3/19/1899

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

33819

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.HOUSE WIFE9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year) 1/1/193311. Total time (years)  
spent in this  
occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)UNKNOWN

## 13. NAME

FRED BIRCH14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)UNKNOWN

## MOTHER

## 15. MAIDEN NAME

IDA SWAN16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)MONROE, MISSOURI17. INFORMANT  
(ADDRESS)Tad Abbington

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE ELMWOOD CEMETERY DATE 4/25/3319. UNDERTAKER  
(ADDRESS)A. J. Bector

## 20. FILED

April 25-33 Era S. Milligan

Registrar.

## 3

## MEDICAL CERTIFICATE OF DEATH

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

4-22, 193322. I HEREBY CERTIFY, That I attended deceased from  
3-27-, 1933, to 4-22, 1933I last saw him alive on 4-22-, 1933 Death is saidto have occurred on the date stated above, at 9:15 a.m.

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

Peritonitis

Date of onset

12:1712:1812:17

Other contributory causes of importance:

Ruptured appendixName of operation YesDate of April 1, 1933What test confirmed diagnosis? Operation there an autopsy? no

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? No

If so, specify \_\_\_\_\_

(Signed) A. J. Bector

, M. D.

(Address) Mexico, Mo.

