

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND 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.

17518

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township Maeberry

Primary Registration District No. 2034

City Maeberry (No.)

File No.

Registered No. 103

St. Ward

2. FULL NAME James C. Abbott

(a) Residence, No.
(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1873

7. AGE

YEARS 59

MONTHS —

DAYS 12

If LESS than 1
day, hrs.
or min.

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

9. 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)

11. Total time (years)
spent in this
occupation

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

13. NAME Michael Abbott

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

15. MAIDEN NAME Rose Quist

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

17. INFORMANT Mrs. J. C. Abbott
(ADDRESS) 1307 Ross St Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Cemetery May-30-23

19. UNDERTAKER Tom M. Ward
(ADDRESS) Columbia, Mo.

20. FILED 5/25 1935 J. S. Fleming
Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1933

22. I HEREBY CERTIFY, That I attended deceased from
May 24 1933, to May 25 1933

I last saw him alive on May 25 1933. Death is said
to have occurred on the date stated above, at 7:15 a.m.

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

Right
Cerebral hemorrhage, 8/4/32
with right hemiplegia.

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was 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) Max E. Kases M. D.
(Address) Wabash Hospital
Maeberry, Mo.

