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

Do not use this space.

20604 3/C

1. PLACE OF DEATH
County Pemiscot
Township [illegible]
City Cottonwood Point Mo (No. ..... , ... St. ..... Ward)

Registration District No. 651
Primary Registration District No. 5863

File No. .....
Registered No. 101

2. FULL NAME J M Abbott

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J. M. Abbott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1865

7. AGE YEARS 67 MONTHS 8 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) April 1933
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME Wyley Abbott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

MOTHER
15. MAIDEN NAME Manda Shufflebarger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

17. INFORMANT (ADDRESS) Mrs J M Abbott Cottonwood, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Cemetery DATE 6-23 33

19. UNDERTAKER (ADDRESS) H S Smith Caruthersville Mo

20. FILED Oct. 16, 1933 Eda Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5 1, 1933 to June 23, 1933
I last saw him alive on 21, 1933 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:

Asthma & Brochitis
old age
106 D
112
162

Date of onset

Other contributory causes of importance:

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....
(Signed) J B M Hamil, M. D.
(Address) Deeli Mo

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.

NOV 10 1933