

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

Drumley
Do not use this space.

27270

1. PLACE OF DEATH

County Peters
Township Silalia
City Bachman Hosp

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 196
St. Ward)

2. FULL NAME

(a) Residence, No. 14 + E. 1/2 St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 - 1892

7. AGE YEARS 40 MONTHS 10 DAYS 19 If LESS than 1 day, hrs. or min.

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

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) Iowa

13. NAME J. C. Abbey

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

15. MAIDEN NAME Lillian Moore

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

17. INFORMANT Mrs J. C. Abbey

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge DATE 8/10/33

19. UNDERTAKER Georgie Funt

20. FILED Aug 10, 1933 Jean Slack Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933 to Aug 8, 1933
Last saw him alive on Aug 8, 1933. Death is said to have occurred on the date stated above, at 10:25 pm.
The principal cause of death and related causes of importance were as follows:

Intermittent Date of onset
nephritis

Other contributory causes of importance: 131

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify No
(Signed) Dr. C. C. Sawyer, M. D.
(Address) Silalia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

