

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.

OCT 20 1933

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

Do not use this space.

28975

1. PLACE OF DEATH

County Cape Girardeau
Township St. Francis
City St. Francis

Registration District No. 125
Primary Registration District No. 3009

File No. 276
Registered No. 276
St. St. Francis Ward St. Francis

2. FULL NAME

(a) Residence, No. Wm Henry Abbott St. St. Francis Ward St. Francis
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Abbott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1901
7. AGE YEARS 31 MONTHS 11 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water
10. Date deceased last worked at this occupation (month and year) Oct 19-1901 11. Total time (years) spent in this occupation 36

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

13. NAME Wm Henry Abbott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

15. MAIDEN NAME Bece Statter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT (ADDRESS) Mary Abbott Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount Cemetery DATE Sept 24 1933

19. UNDERTAKER (ADDRESS) Franklin & Powell Cape Girardeau Mo

20. FILED 9-22-1933 Wm Henry Abbott Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1933 to Sept 21 1933

I last saw him alive on Sept 21 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Shot gun wound in abdomen Date of onset 1933

195 36 184

Other contributory causes of importance: Gas Bowel Infarction

Name of operation Ligature Date of 9/27/33

What test confirmed diagnosis? No Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury Sept 20 1933

Where did injury occur? Cape Girardeau Mo (Specify city or town, county, and State)

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

Manner of injury Gun shot while

Nature of injury Gun shot while

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

If so, specify Yes

(Signed) John P. Puffer M. D.

(Address) Cape Girardeau Mo

