

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.

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1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 14 Primary Registration District No. 3009
City Koch, Mo. (No. Koch, Mo.)

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1011 N. Koch, Mo. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shut + metal worker

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) Perry Co Mo

13. NAME Matt Abbott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

15. MAIDEN NAME Jessie Luckey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT Mrs. Harry Abbott (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Foraine Cemetery DATE Jan 17 1934

19. UNDERTAKER Herman's Funeral Home (ADDRESS) Cape Girardeau Mo

20. FILED 1/17 1934 W. H. Kumpfer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1933, to Jan 15 1934

I last saw him alive on Jan 14 1933. Death is said to have occurred on the date stated above, at 3 A. m.

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

acute Hepatitis Date of onset Dec 30 1933

Other contributory causes of importance:

Do not know cause of trouble

Name of operation _____ Date of _____

What test confirmed diagnosis symptoms. 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) W. H. Kumpfer, M. D.

(Address) Cape Girardeau, Mo.

MAR 1 1954