

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. _____ File No. 19591
 Township _____ Primary Registration District No. _____ Registered No. 729
 City St. Joseph (No. Methodist Hosp) St. _____ Ward _____

2. FULL NAME

Albert Guin Abbott
 (a) Residence, No. 1207 Locust St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kathrine Abbott</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 15-1894</u>				
7. AGE	YEARS <u>40</u>	MONTHS <u>3</u>	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>paper miller</u>			
	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) <u>Mar 7-1934</u>			
11. Total time (years) spent in this occupation.				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>W. F. Abbott</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>			
MOTHER	15. MAIDEN NAME <u>Alice Bevier</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>John T. Abbott</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flaschberg</u> DATE <u>Mar 27 1934</u>				
19. UNDERTAKER (ADDRESS) <u>John R. Bender</u>				
20. FILED <u>6-27-1934</u> <u>John R. Bender</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1934, to June 25, 1934

I last saw him alive on June 24, 1930 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Osteomyelitis of l. humerus & l. scapula. Date of onset 1933

Septic Arthritis of l. shoulder 1933

Other contributory causes of importance:
Septicemia 1934 June 15 1934

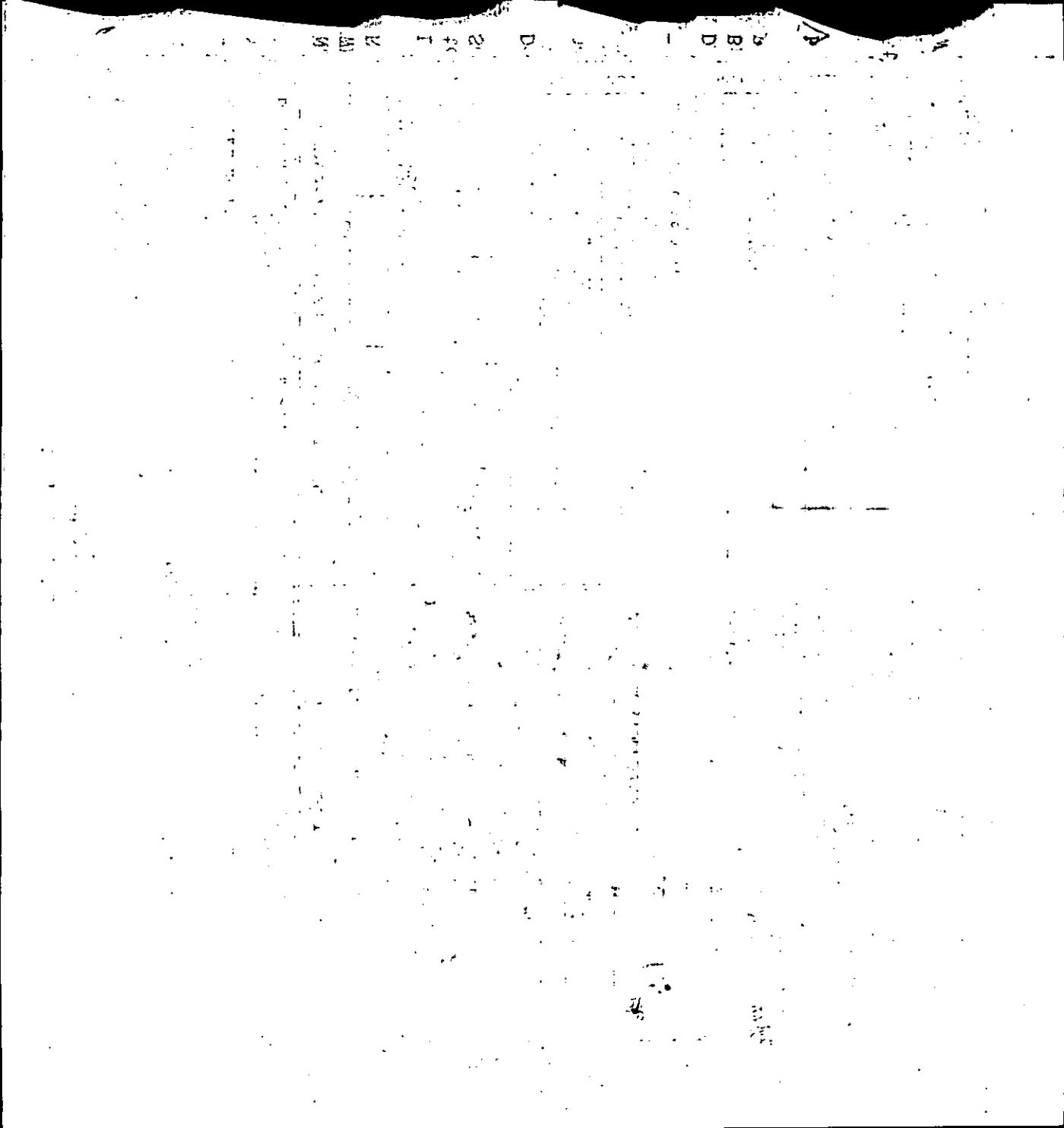
156 A
 Name of operation excision of part of l. humerus Date of Mar 1934

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) G. T. Bloomer, M. D.
 (Address) 1218 N. 38, St. Joseph, Mo.



#2 St Joe
Buchanan

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

729

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Albert Owen Abbott
Who died at _____ on June 25 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 40 Months 3 Days 10

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Osteomyelitis
not Tuberculosis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar John R. Bender

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McGaugh M.D.
S.C.

Reg. Dist. No. 85

Primary Reg. Dist. No. 1001

Special Agent.

CAUSE OF DEATH: ... so that it may ...

MEMORANDUM FOR THE RECORD

DATE: 10/10/51

TO: SAC, NEW YORK

RE: [Illegible]

[Illegible]

[Illegible]

16561-5

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]