WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 791 1003 File No. 27702

Township ..... Primary Registration District No. ..... Registered No. 7968

City Saint Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Clara Abbington

(a) Residence, No. 2830 Delmar Boulevard St., 21 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Samuel Abbington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. abt. 1871

7. AGE YEARS abt 65 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) July 1934.

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O'Fallon Missouri

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Mina Beauford

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

17. INFORMANT (ADDRESS) Hazel Arnold 2811 Lucas Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Aug. 4th, 1934

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED AUG -2 1934 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31st, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 55 a.m.

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

210

Fractures of Skull
Laceration of Brain
received when struck by auto in St Louis, Mo

Date of onset

Other contributory causes of importance:

Deceased was a pedestrian

Homicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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

Accident, suicide, or homicide? Hom. Date of injury 7/29, 1934

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

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto

Nature of injury Fractures of Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harold [illegible] M.D.

8/1/34 (Address) [illegible]