

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County **Buchanan**  
Township  
City **St. Joseph** (No. \_\_\_\_\_)

Registration District No. **85**  
Primary Registration District No. **1001**

File No. **35295**  
Registered No. **1178**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **Melvin George Abbett**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward **Troy, Kansas.**  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. **5** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Aug. 26, 1916.</b>				
7. AGE YEARS <b>18</b>	MONTHS <b>1</b>	DAYS <b>28</b>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Student</b>			
	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) <b>Oct. 12, 1934.</b>		11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) **Troy, Kansas.**  
(STATE OR COUNTRY)

FATHER 13. NAME **Joseph Abbett**

FATHER 14. BIRTHPLACE (CITY OR TOWN) **Troy, Kansas.**  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Bertha Sutton**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) **Falls City, Nebraska**  
(STATE OR COUNTRY)

17. INFORMANT **Mr. Virgil Abbett**  
(ADDRESS) **St. Joe, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Courter-Troy, Kans. Oct. 26, 34**

19. UNDERTAKER **Karr Funeral Home**  
(ADDRESS) **Troy, Kansas**

20. FILED **10-24-34** **John R Bender**  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-24-34**

22. I HEREBY CERTIFY, That I attended deceased from **10-19-34**, 19\_\_\_\_, to **10-24-34**, 19\_\_\_\_.  
I last saw him alive on **10-23-34**, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **4:45 A.M.**  
The principal cause of death and related causes of importance were as follows:

Date of onset  
**12/10**  
**General Peritonitis**  
**Paralytic ileus**  
Other contributory causes of importance:  
**acute appendicitis**

Name of operation **Appendectomy** Date of **10-17-34**  
What test confirmed diagnosis **Specimen** 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 **Floyd H. James**, M. D.  
(Signed) **Floyd H. James**  
(Address) **1401 Bond Ave., St. Joseph, Mo.**

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.

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