

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

Do not use this space.

MAR 16 1935

1. PLACE OF DEATH

County Dunklin
Township Helcomb
City Helcomb (No.)

Registration District No. 286
Primary Registration District No. 540413

File No. 4889
Registered No.
St. Ward)

2. FULL NAME

Verlin Lee Abbott

(a) Residence, No. St. Ward.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/15/35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 4

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

13. NAME Herbert Abbott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helcomb, Mo.

15. MAIDEN NAME Mrs. Haller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helcomb, Mo.

17. INFORMANT (ADDRESS) J. B. Waller
Helcomb Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE North Linn DATE 2-20 1935

19. UNDERTAKER (ADDRESS) E. W. Jones
Campbell Mo.

20. FILED 3-11 1935 H. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/15 to 2/19
I last saw him alive on 2/15, 1935. Death is said to have occurred on the date stated above, at 2:19 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Bronchitis
1870

Other contributory causes of importance:
Exposure to cold

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) J. B. Waller M. D.
(Address) Helcomb Mo.

