

JUL 26 1935

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

Do not use this space.

20789

1. PLACE OF DEATH

County Ray Registration District No. 744  
Township Amoretta Primary Registration District No. 3035  
City Amoretta (No. 5976B) St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 60

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-25-1898  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 0 28  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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 40yrs

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
13. NAME Wiley Abbott  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
15. MAIDEN NAME Don't know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
17. INFORMANT (ADDRESS) Albert W' Abbott  
Lexington mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE June 25 1935  
19. UNDERTAKER (ADDRESS) P. P. Boggs  
Richmond Mo.  
20. FILED 7-9 1935 E E Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1930 to June 23 1935  
I last saw alive on June 23 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Chronic Pulmonary Tuberculosis Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

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 \_\_\_\_\_ 1935  
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) Dr. J. W. Smith M. D.  
(Address) Amoretta, Mo

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.

5331

