

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

FEB 17 1936

301

1. PLACE OF DEATH

County

Buchanan

Registration District No.

85

Township

Primary Registration District No.

100

City

St. Joseph

(No. State Hospital #2)

St.

Ward

2. FULL NAME

R. M. Abercrombie

(Roderick Monroe Abercrombie)

(a) Residence, No.

St. Joseph, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

4 yrs.

6 mos.

10 ds.

How long in U. S., if of foreign birth?

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

Rosalind M. Abercrombie

HUSBAND OF (OR) WIFE OF

Mrs. R. M. Abercrombie (deceased)

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

1-14-1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

80

0

10

OCCUPATION

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

Stone contractor

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)

1915

11. Total time (years) spent in this occupation

37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New York City, N. Y.

FATHER

13. NAME

James R. Abercrombie

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

Scotland, N. Y.

MOTHER

15. MAIDEN NAME

Agnes Monroe

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

Scotland, N. Y.

17. INFORMATION (ADDRESS)

State Hospital records (#2) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Mora Cemetery

DATE

Jan. 27, 1936

19. UNDERTAKER (ADDRESS)

Walter Meierhofer

1238 Paragon St. St. Joseph, Mo.

20. FILED

JAN 27 1936

John R. Bender

Registrar

MEDICAL CERTIFICATE OF DEATH

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

1-24

1936

22. I HEREBY CERTIFY, That I attended deceased from

1-22-36

19

to

1-24

1936

last saw him alive on

1-24

1936

Death is said

to have occurred on the date stated above, at 6:45 p.m.

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

Cerebral hemorrhage  
hemopericardium by  
rupture of coronary  
artery

Date of onset

1-22-36

Other contributory causes of importance:

Pulmonary edema  
hypertension  
atherosclerosis  
chronic myocarditis

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?

Date of injury

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) E. Braxton Davis, M. D.

(Address)

State Hospital #2

St. Joseph, Mo.

