

FEB 19 1936

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

Do not use this space.

985

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

Widower

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

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

Oct 22 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

79

3

0

OCCUPATION

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.

On farm

10. Date deceased last worked at  
this occupation (month and  
year)Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Ind.

13. NAME

John W. Abbott

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

Unknown

15. MAIDEN NAME

Elizabeth Wright

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

Unknown

17. INFORMANT  
(ADDRESS)Dessie J. Fugate  
Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL

RAC

DATE

Jan 24 1936

19. UNDERTAKER  
(ADDRESS)J. H. King  
Springfield Mo

20. FILED

Jan 24 1936

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Jan 22 1936

22. I HEREBY CERTIFY, That I attended deceased from  
1/19 1936 to 1/22 1936

I last saw him alive on 1/22/36 19 Death is said

to have occurred on the date stated above, at 10:15 P.M.

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

Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Chr. Myo. carditis  
Arterial Hypertension

Name of operation

None

Date of

What test confirmed diagnosis?

None

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

(Signed)

Att. Max J. Fugate

M. D.

(Address)

Springfield Mo

