MAR 25 1936

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

Do not use this space.

8880

1. PLACE OF DEATH
County Stoddard
Township Liberty
City Dexter (No. ..... , ... St. ..... Ward)

Registration District No. 838
Primary Registration District No. 4509

File No. 230
Registered No. .....

2. FULL NAME James Monroe Abney

(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 38 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 24 1862

7. AGE: YEARS 73 | MONTHS 5 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrisburg Saline County Ill

FATHER
13. NAME: Francis Marian Abney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co. Ill.

MOTHER
15. MAIDEN NAME: Ellen Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co. Ill

17. INFORMANT (ADDRESS): Roy Abney Dexter Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Haggy Cemetary DATE 2-15 1936

19. UNDERTAKER (ADDRESS): Rice-Jamison Dexter, Mo

20. FILED 3-10 1936 Alice L. Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 13 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1936, to 2-13, 1936
I last saw him alive on 2-12, 1936 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Intracranial hemorrhage
hemiplegia

Date of onset

Other contributory causes of importance:
Chronic asthma
and senility

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? X 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 X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Frank LaRue, M. D.
(Address) Dexter 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.