

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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

JUN 25 1936

20361

1. PLACE OF DEATH

County *Putnam*

Registration District No. *690*

Township *Hartford*

Primary Registration District No. *5918*

City *Putnam*

No. *William Abbott*

File No.

Registered No.

St. Ward)

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 *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Effie T. Abbott*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 15 1883*

7. AGE YEARS *52* MONTHS *7* DAYS *4* If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Putnam Co. Mo.*

13. NAME *Jesse Abbott*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Putnam Co. Mo.*

15. MAIDEN NAME *Mary E. Hayward*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Putnam Co. Mo.*

17. INFORMANT (ADDRESS) *Sam Taylor*

18. BURIAL, CREMATION, OR REMOVAL *Interment in Putnam Co. Mo.*

19. UNDERTAKER (ADDRESS) *Graves & Sons*

20. FILED *May 20 1936*

S. Clyde Craig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/19* 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from *5/12* 19 *36*

I last saw him alive on *5/11* 19 *36* Death is said

to have occurred on the date stated above, at *44* m.

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

Cardiac Decomposition Date of onset *5/11/36*

Other contributory causes of importance

Name of operation

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

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) *L. H. H. H.*

(Address) *Putnam Co. Mo.*

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