

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.

JUN 25 1936

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

Do not use this space.

20336

## 1. PLACE OF DEATH

County Platte  
 Township May  
 City Platte City (No. Platte)

Registration District No. 696  
 Primary Registration District No. 5928

File No. ....  
 Registered No. 21  
 St. .... Ward)

## 2. FULL NAME

(a) Residence, Name Allice Constant Abbey St. .... Ward.  
 (Usual place of abode) Tulton Kans.

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. C. Abbey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-13-1872</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>10</u>	DAYS <u>10</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>
	10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....	

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

13. NAME Chas Ange

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

15. MAIDEN NAME Hallie Green

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

17. INFORMANT H. C. Abbey  
 (ADDRESS) Tulton Kansas

18. BURIAL, CREMATION, OR REMOVAL Survivor Cem  
 PLACE Tulton Kans. DATE May-25-1936

19. UNDERTAKER H. C. Abbey  
 (ADDRESS) Tulton Kansas

20. FILED 6-6 1936 Mrs. Francis E. Murray  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-23-1936

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936, to May 23, 1936.

I last saw him alive on May 23, 1936. Death is said

to have occurred on the date stated above, at 7 A. m.

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

Chronic Hypertension

Date of onset

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

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) Dr. P. T. Black D. C. M. D.

(Address) 310 Bryant Bldg

