

Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN'S SIGNATURE
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

Do not use this space.

DEC 29 1936

45597

1. PLACE OF DEATH

County *New Madrid*

Registration District No. *604*

Township

Primary Registration District No. *4358*

City *New Madrid*

File No.

Registered No.

St.

Ward)

2. FULL NAME

Mike Abbott

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

Male

White

Married

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

Lilly Abbott

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

April 24 1866

7. AGE

YEARS

MONTHS

DAYS

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

69

3

28

OCCUPATION

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

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)

Unknown

13. NAME

James H. Abbott

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

Mich.

15. MAIDEN NAME

Elizabeth H. Abbott

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

Mich.

17. INFORMANT
(ADDRESS)

*Cassius Cernell
New Madrid*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Evergreen* DATE *Dec. 28 1936*

19. UNDERTAKER
(ADDRESS)

*Richards and Co.
New Madrid*

20. FILED

11/24 1936

Registrar

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

Dec 27 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw him alive on 19..... 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:

*Died without
medical attention.
Pneumonia from
history*

Other contributory causes of importance:

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:

Where did injury occur? Date of injury 19.....

(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)

(Address)

*Thos. O. Bannister
County Health Officer*

