

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.

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

Do not use this space.

- 12 FEB 25 1937

204

1. PLACE OF DEATH

County BuchananRegistration District No. 83

Township

City St JosephPrimary Registration District No. 1001

File No.

Registered No. 3

St.

Ward

2. FULL NAME

Emma Harmon Abbey

(a) Residence, No.

(Usual place of abode)

Jackson County, Mo.

Ward.

Length of residence in city or town where death occurred

4 yrs. 2 mos 28

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

Female

4. COLOR OR RACE

White

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

Widow

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

William Harmon Abbey

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

5-22-1862

7. AGE

YEARS

74

MONTHS

7

DAYS

9

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

OCCUPATION

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

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

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)

Leavenworth Kansas

FATHER

13. NAME

Willis B Landon

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

Kansas

MOTHER

15. MAIDEN NAME

Nancy J Plather

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

Ohio

17. INFORMANT (ADDRESS)

State Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Leavenworth Kans

DATE

1-4

19. UNDERTAKER (ADDRESS)

J. C. Davis Undertaking Co

20. FILED

1-1 1937 H. Westphal

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 1 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 191935

to

Jan 11937I last saw h. or alive on Jan 1 1937. Death is saidto have occurred on the date stated above, at 11 A. M.

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

Septicemia secondary to Abscess on left Arm.

Date of onset

12-28-36

Other contributory causes of importance:

Senility

Name of operation

None

Date of

What test confirmed diagnosis? Aut + Lab Was there an autopsy? Yes

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)

C. E. DeLong

M. D.

(Address)

State Hospital #2

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No.

Township St Joseph

Primary Registration District No. 1001

Registered No. 3

City St Joseph

(No.)

St. Ward

2. FULL NAME

Emma Harmon Abbey

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
74 7 9

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Jan 1, 1937 H. Hestehush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw h..... 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:

Septicemia secondary to abscess on left arm

No organisms isolated from abscess. Not tubercular. No traumatic history known. Patient was mentally incompetent and could easily fool. Other contributory causes of importance: had an insignificant appearing break in the skin for port of entry for organisms.

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?..... 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?.....

If so, specify.....

(Signed) E. C. De Long, M. D.

(Address) State Road # 2

U. S. —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.

SUPPLEMENT

5-204