FEB 16 1937

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

Do not use this space.

587

1. PLACE OF DEATH
22 County Christian
5 Township Sparta
City Sparta (No. ..... St. ..... Ward)

Registration District No. 185
Primary Registration District No. 4111

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

2. FULL NAME William Bengaman 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

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~~ Anna Abbott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1864

7. AGE: YEARS 72 | MONTHS 6 | DAYS 1 | 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. 22
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) Missouri

FATHER
13. NAME George Abbott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Louisa Felton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Anna Abbott Sparta Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Sparta Mo DATE Jan 19, 1937

19. UNDERTAKER (ADDRESS) Rathbone & Choffin Sparta Mo

20. FILED 2-6, 1937 Josephine Merritt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1935, to Jan 18th, 1937
I last saw him alive on Jan 1st, 1937 Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Spinal Sclerosis | 6-1-35 |
| Cause unknown | |

Other contributory causes of importance?

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy ex. Was there an autopsy? No

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? No
If so, specify .....
(Signed) H. H. Wise M. D.
(Address) Sparta, 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.