

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.

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Putnam Registration District No. 719
Township Elmi Primary Registration District No. 5850
City (No. 2) St. Ward

File No. 2663
Registered No.

2. FULL NAME Sarah Frances Abbott

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Abbott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2:30
10. Date deceased last worked at this occupation (month and year) Jan 27 37 11. Total time (years) spent in this occupation 7:04

*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

13. NAME Geo. Shipley

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

15. MAIDEN NAME Corrine Olspough

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

17. INFORMANT Von Abbott (ADDRESS) Harrisonville, Mo

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Shipley Cem. DATE Jan. 29, 1937

19. UNDERTAKER F. D. Keister & Son (ADDRESS) Unionville, Mo

20. FILED Jan 25, 1937 D. C. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1937

22. I HEREBY CERTIFY that I attended deceased from Jan 27 1937 to Jan 27 1937
I last saw him alive on Jan 27 1937 Death is said to have occurred on the date stated above, at 7:25 p.m.
The principal cause of death and related causes of importance were as follows:
Influenza

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? 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) J. H. Thomas, M. D. (Address) Harrisonville, Mo

