

APR 8 1937

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

Do not use this space.

9639

1. PLACE OF DEATH

County..... Jackson.....

Registration District No. 399

Township..... Kaw.....

Primary Registration District No. 1002

City..... Kansas City.....

(No. 24 East Linwood)

File No.....

Registered No. 1353

St. Ward)

2. FULL NAME

Charles F. Abbott

(a) Residence, No. 24 East Linwood

St. Ward.

(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)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

57

2

OCCUPATION

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

Retired

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

Grower

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

Thomas B Abbott

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

England

MOTHER

15. MAIDEN NAME

Mary Mosler

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

Missouri

17. INFORMANT (ADDRESS)

Mrs. Emma Mahoney
20 West Linwood

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys Cem. DATE 3-19-37

19. UNDERTAKER (ADDRESS)

QUIRK & TOBIN COMPANY
20 West Linwood

20. FILED

Mar 19, 1937 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from off & on for 3 years, to 3/16, 1937. I last saw him alive on March 16, 1937. Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Myastrophic lateral Sclerosis ending in ascending paralysis.

Date of onset

Other contributory causes of importance:

General senescence & malnutrition.

Name of operation _____ Date of _____

What test confirmed diagnosis? *Aut.* 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) *E. J. Zuberger*

M. D.

(Address) *715 1/2 W. 19th St. Pittsburg, 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.

