

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Brookline
City _____ (No. _____)

Registration District No. 317
Primary Registration District No. 5441

File No. 11878
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Susie A. 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

Female

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

John Abbott

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

Jan. 9 - 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

35

63

1

7

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.

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)

W. Car.

13. NAME

J. H. Hampton

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

Ill.

15. MAIDEN NAME

Rebecca Cobb

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

unknown

17. INFORMANT (ADDRESS)

Elva Burlison
Brooklyn, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wise Hill

DATE

Feb. 12 - 37

19. UNDERTAKER (ADDRESS)

J. W. Maples
Claver, Mo.

20. FILED

Feb. 12 1937
Mrs. Bertha May
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb - 3 - 1937, to Feb - 10 - 1937

I last saw her alive on Feb - 10 - 1937. Death is said

to have occurred on the date stated above, at 3:50 P.

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

Pneumonia

Date of onset

2-3-37

Other contributory causes of importance:

Influenza

2-3-37

Name of operation _____ Date of _____

What test confirmed diagnosis? Chol. 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. M. LeCompte M. D.

(Address) Brooklyn, Mo.

