

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.

JUL 28 1937

## 1. PLACE OF DEATH

County *Greene*

Township

City

Registration District No. *318*Primary Registration District No. *2001*

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No. *1401 West Lynn*

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred *2* 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

*Married*

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR  
(OR) WIFE OF*John Abbott*

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

*March-17-1863*

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, .....hrs.

or .....min.

*24**74**3**9*8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.*Housekeeper*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)

*Dick County,**Missouri*

## 13. NAME

*Daniel L. Treutham*

## 14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*North Carolina*

## 15. MAIDEN NAME

*Jane Groves*

## 16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*North Carolina*

## 17. INFORMANT

(ADDRESS)

*Mrs. Clyde Gurneyham*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

*Greenlawn**6/27/37*

## 19. UNDERTAKER

(ADDRESS)

*Brynn Greene Service*

## 20. FILED

*June 27, 1937**Chas. A. George*

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

*June-26-1937*

## 22. I HEREBY CERTIFY That I attended deceased from

*Oct 4 1936 to June 26 1937*I last saw him alive on *April 19 1937*. Death is saidto have occurred on the date stated above, at *4-20* a.m.

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

*Chronic Myocarditis  
with De-compensation*

Date of onset

*?*

## Other contributory causes of importance:

*Chronic Hypertension**?*

## Name of operation

*None*

Date of

What test confirmed diagnosis? *Physical* Was there an autopsy? *No*

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *No* 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

*None*

## Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. Newton Wakeman*, M. D.(Address) *Springfield, Mo.*

CC

R 91