

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.

AUG 24 1937

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

Do not use this space.

27356

1. PLACE OF DEATH

County

Howell

Registration District No.

384

Township

West Plains

Primary Registration District No.

4227

City

West Plains

St.

Ward

2. FULL NAME

Bessie Louise Abney

(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 23 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

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

Lloyd Abney

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

Dec 6 - 1913

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

25 23 - 7 2

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 milk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Howell Co., Mo.

FATHER

13. NAME

David Marsh

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

Ozark Co., Mo.

MOTHER

15. MAIDEN NAME

Mary Allen

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

Missouri Co., Mo.

17. INFORMANT
(ADDRESS)Mary Marsh
West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buried, 7-10-1937

19. UNDERTAKER
(ADDRESS)Robt. L. Smith
West Plains, Mo.

20. FILED

7-10-1937 VIDA W. SIMONS
Registrar

MEDICAL CERTIFICATE OF DEATH

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

7-8-1937

22. I HEREBY CERTIFY, That I attended deceased from

July 4, 1937, to July 8, 1937

Last saw him alive on July 8, 1937 Death is said

to have occurred on the date stated above, at 2:00 p.m.

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

Pulmonary tuberculosis 1936

Other contributory causes of importance:

Ch. Valve lesion of heart 1925

Name of operation None Date of

What test confirmed diagnosis? Clinical 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)

(Address)

M. D.

1874

9

12

• 1934

3

14

72

9

12

62

6

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