

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

Do not use this space.

JAN 19 1938

45806

1. PLACE OF DEATH
54 County Lafayette Registration District No. 461
Township _____ Primary Registration District No. 3024
4 City Lexington (No. _____ St. _____ Ward _____)
2. FULL NAME John Wesley 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophonia Abbott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEP-18-1856
7. AGE YEARS 81 MONTHS 2 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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 60
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Ky.
13. NAME W. W. Abbott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
15. MAIDEN NAME Mary Moffitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
17. INFORMANT Jessie Mae Abbott (ADDRESS) Lexington Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Mo. DATE Dec. 9 1937
19. UNDERTAKER R. R. Bollen (ADDRESS) 27 Ardmore
20. FILED Dec 9 1937 F. B. Bates Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-7-1937
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to Dec. 7, 1937
Last saw him alive on Sept 21, 1937 Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:
arteriosclerotic and hypertensive heart disease
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify _____
(Signed) J. S. Cape M. D.
(Address) Lexington, Mo.

3

12. 5.