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.

File No. 2109
Registered No. 90

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St.Joseph, (No. 705 No.Main St. St. Ward)

2. FULL NAME Henry N.Abbey 100

(a) Residence, No. 705 No.Main St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July,6,1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Jersey Cearal Co.
10. Date deceased last worked at this occupation (month and year): Aug.,1937
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nemaha Co., Kansas

FATHER
13. NAME: Volney Abbey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Ohio.

MOTHER
15. MAIDEN NAME: Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Unk.

17. INFORMANT (ADDRESS): Mrs.Nellie Abbey 705 No.Main St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery, DATE: Jan,25,1938,

19. UNDERTAKER (ADDRESS): Walter Meierhofer 1302 Faraon St. St.Joseph,Mo.

20. FILED: 1/25 1938 H. J. Steedebund, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan,22,1938

22. I HEREBY CERTIFY, That I attended deceased from 9-15 1937, to 1-22 1938
I last saw him alive on 1-22, 1938. Death is said to have occurred on the date stated above, at 6.10 m. P.M.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis — Date of onset 1-8-38

Other contributory causes of importance: Hypertrophy of the Prostate Gland 1935

Name of operation: Rectal Prostatectomy Date of 11/27/37
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

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24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Walter J. Hansen, M. D.
(Address) 2803 Hule St. St.Joseph,Mo.