

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Hartford
City Hartford (No. 3)

Registration District No. 690
Primary Registration District No. 3-918

File No. 7841
Registered No. 3

2. FULL NAME

(a) Residence, No. 131 St. Ward. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Abbott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 1857
7. AGE YEARS 86 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. min.

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) Pike Co. Mo.

13. NAME xx Haggood 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo. 0

15. MAIDEN NAME x Young 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

17. INFORMANT Dick Abbott
(ADDRESS) Bowling Green Mo.

18. BURIAL, CREMATION, OR REMOVAL Indian Ex. Cemetery DATE 2-19 1938

19. UNDERTAKER Grace T. Farnsworth
(ADDRESS) Bowling Green Mo.

20. FILED 2-27 1938 Mrs. Lysa Moore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17 1938

22. I HEREBY CERTIFY That I attended deceased from Dec. 1 1937 to Feb. 17 1938

I last saw her alive on Jan. 15 1938 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis Date of onset

Other contributory causes of importance:
Chronic nephritis

Name of operation None Date of no
What test confirmed diagnosis? no 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 no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) August Barriman, M. D.
837 (Address) Bowling Green, Mo.

