

REC'D MAY 17 1938

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

Do not use this space.

14097

1. PLACE OF DEATH

County BuchananRegistration District No. B5

File No.

Township

Primary Registration District No. 1001Registered No. 659City St. Joseph(No. 2013 to 13)

St.

Ward)

2. FULL NAME William Price Abbott(a) Residence, No. 2013 to 13

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Abbott22. I HEREBY CERTIFY, that I attended deceased from April 26, 1938, to6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 - 1861I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at 4:30 P. m.

7. AGE

YEARS 77MONTHS 3DAYS 1

If LESS than 1 day, hrs. or min.

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

Acute Coronary Thrombosis

Date of onset

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) 192811. Total time (years) spent in this occupation life

Other contributory causes of importance:

Arteriosclerosis12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gator MD

FATHER

13. NAME Joseph Abbott

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Amanda Braden16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Agnes Price Abbott18. BURIAL, CREMATION, OR REMOVAL St. Ambrose DATE 4-26, 193819. UNDERTAKER (ADDRESS) Barry Hylle20. FILED 426, 1938 St. Joseph

Registrar.

Name of operation none

Date of

What test confirmed diagnosis? History 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

(Signature) Bill Tadlock - Coroner(Address) King Hill Bldg,

