

REC JAN 24 1938

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

44049

Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 65-1
(b) Township Little Prairie Primary Registration District No. 8-8-62
(c) City 1 (d) Street No. 119
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in this or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Donald Wayne Abbott
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/23/1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 7 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO 0

13. NAME James F. Abbott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO 0

15. MAIDEN NAME Marene Privett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 1

17. INFORMANT (ADDRESS) D. Abbott
Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 10-23-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. R. Smith
Caruthersville Mo

20. FILED Dec. 13, 1938 Gda Martin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2, 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1938 to 12-2, 1938
I last saw him live on 12-1, 1938 Death is said to have occurred on the date stated above, at 12:00 pm.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
both lungs

Other contributory causes of importance: 10

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) C. B. Vulem M. D.
(Address) Caruthersville Mo

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.

RECEIVED

District Health Officer No. _____

District File Number 39-9

Date Filed 1-9-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.