

REC'D MAR 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6860

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No. _____
 (c) City Jasper (d) Street No. 1610 Grand St.
 (e) Length of residence in city or town where death occurred 57 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1610 Grand St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachel Abbott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9, 1862

7. AGE YEARS 76 MONTHS 11 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
 9. Industry or business in which work was done, as saw mill, bank, etc. COAL DEALER
 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) Pekin, Ill.

13. NAME William H. H. H.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME William H. H. H.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Rachel Abbott
Jasper

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. H. H. H. DATE July 20, 1939

19. FUNERAL DIRECTOR (ADDRESS) Anderson Funeral Home
Jasper, Mo.

20. FILED 2-2019-39 Ed D. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 193922. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1939 to July 18, 1939

I last saw him alive on Feb 16, 1939 Death is said to have occurred on the date stated above, at 5:20 m.

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

Hypertonic Colitis
Primer Sclerosis
171

Other contributory causes of importance:

Hypertonic Colitis, chr.
Serulitis

Name of operation none Date of _____What test confirmed diagnosis? X-ray 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?

If so, specify _____

(Signed) W. H. H. H. M. D.(Address) Jasper

RECEIVED

District Health Officer No. 6,

District File Number 6-39-633

Date Filed MAR 11 1939

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, _____

J. T. Anderson

_____, or by _____

Registered Apprentice No. 2142, working under my personal supervision.

Signed _____

J. T. Anderson

Licensed Embalmer No. 2142

P. O. Address Joplin, Mo

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.