

REC'D MAR 21 1939

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

7409
Do not use this space.

1. PLACE OF DEATH

(a) County Remick Registration District No. 687
(b) Township Little Prairie Primary Registration District No. 6-862
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city 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

DAVID McCLELLAN ABBOTT
(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 8, 1912</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>0</u>
	DAYS <u>23</u>	if LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation. <u>6</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cattanaud Pt. Missourii</u>		
FATHER	13. NAME <u>David Abbott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Ollie Oleson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Flossie Gate</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Caruthersville, Mo.</u> DATE <u>2/2/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>The Fargo Lumber Co. Caruthersville, Mo.</u>		
20. FILED <u>Feb. 4, 1939</u> <u>Ceda Mentzer</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan. 28, 1939, to Feb. 1, 1939
I last saw him alive on Jan. 28, 1939. Death is said to have occurred on the date stated above, at 3:00 P.M.
The principal cause of death and related causes of importance were as follows:
Diabetes mellitus
Date of onset _____

Other contributory causes of importance:
undetermined

Name of operation _____ Date of _____
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 _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. W. Phipps M. D.
595 (Address) Caruthersville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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. 3

District File Number 39-196

Date Filed 3/7/89

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.....

NOT EMBALMED

....., 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.