

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.

JUL 1 1939

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

23017
Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 718
(b) Township Unionville Primary Registration District No. 6430
(c) City Unionville (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

(a) Residence, No. _____ St. _____
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hilda Abbott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-6-1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 7
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. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
13. NAME N B Abbott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Mamie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

17. INFORMANT (ADDRESS) Vaughan Abbott
Putnam, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shipley DATE June 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles E. Son
Unionville, Mo

20. FILED Jun 15, 1939 N W Selman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-14-1939 to 6-13-1939
I last saw him alive on 6-10-1939 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:
Cardiac decompensation (Date of onset 930)

Other contributory causes of importance:

Cardiac hypertrophy
Arteriosclerosis
Myocarditis, chronic

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following 710
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) E H Magee, M. D.

(Address) Unionville Mo

RECEIVED

District Health Officer No. 10

District File Number 7-39-1175

Date Filed JUL 10 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, or by me

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

Signed

G. O. Husted

Licensed Embalmer No.

2975

P. O. Address

Unionville

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.