

REC'D SEP 21 1939

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

29631

Do not use this space.

## 1. PLACE OF DEATH

(a) County Macon Registration District No. 533  
 (b) Township Hudson Primary Registration District No. 3027 Registered No. 73  
 (c) City Macon, Mo. (d) Street No. City 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 John Abbott.

(a) Residence, No. Macon, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1866

7. AGE 73 YEARS MONTHS 7 DAYS 14 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. Retired Farmer.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Macon County. (STATE OR COUNTRY)

FATHER 13. NAME Blandy Abbott

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

MOTHER 15. MAIDEN NAME Amanda Hatfield

16. BIRTHPLACE (CITY OR TOWN) Ray County, Mo. (STATE OR COUNTRY)

17. INFORMANT Rosa Abbott. (ADDRESS) Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomington Cem DATE 8/25/39

19. FUNERAL DIRECTOR (NAME) Albert Skinner. (ADDRESS) Macon, Mo.

20. FILED 9/8 1939 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1939, to August 23, 1939.  
 I last saw him alive on Aug 21, 1939. Death is said to have occurred on the date stated above, at 6:00 P. M.

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

Cerebral Arterio sclerosis Date of onset 1938±

Other contributory causes of importance

Generalized Arterio Sclerosis 1900±

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 J Turner, M. D.  
 (Address) Macon, Mo.

Dr. Turner.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1637

Date Filed SEP 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, or by

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Licensed Embalmer No. 4066

P. O. Address Macon, 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.