

N. B.—Every item of information should be carefully supplied. AGE cannot 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.

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

Do not use this space.

1. PLACE OF DEATH

County Putnam

Township

City Unionville

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

Hulda M. Abbott

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Geo. M. Abbott Dec.

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

May 15- 1968

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

71

7

10

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

House keeper

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

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)

Missouri

FATHER

13. NAME

Philip B. Williams

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

Virginia

MOTHER

15. MAIDEN NAME

Milinda Nugent

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

North Carolina

17. INFORMANT
(ADDRESS)

Glenn Summers
1805 W. 5th, Unionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Unionville

DATE

Dec, 27

19

19. UNDERTAKER

(ADDRESS)

F. O. Husted & Son

Unionville Mo.

20. FILED

Dec 27, 1939

W. H. Gillham

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

12-25- 1939

22. I HEREBY CERTIFY, That I attended deceased from

Dec 25, 1939, to Dec 25, 1939

I last saw him alive on Dec 25, 1939. Death is said

to have occurred on the date stated above, at 11 A. M.

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

Date of onset

Coronary atherosclerosis

Other contributory causes of importance:

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

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)

(Address)

M. D.

RECEIVED

District Health Officer No. 10

District File Number 1-46-133

Date Filed JAN 10 1940