59

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

50M-5-17-39
Rev. 5-17-39
1 X19511

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7238

Registration District No. 508 Primary Registration District No. 5677 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chula. Rural, Creamridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 m. 16 Da years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Livingston
(c) City or town Chula, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Cream Ridge Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES WILLIAM ABBOTT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Ann Abbott
6. (c) Age of ~~husband~~ or wife if alive 79 years
7. Birth date of deceased 11 (Month) 12 (Day) 1861 (Year)

8. AGE: Years 78 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Ill. Christian Co. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Joel H Abbott.
13. Birthplace Salem Co New Jersey. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah R. Wise
15. Birthplace Guernsey Co. Ohio 1 (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Roy C Abbott
(b) Address Chula Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 17. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation S. Tucker Cem
18. (a) Signature of funeral director E. J. Robertson
(b) Address Laredo Mo.
19. (a) 2-16-40 (Date received local registrar) (b) H M Grace M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1940 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from 12 - 31, 1939, to 2 - 15, 1940; that I last saw him alive on 2 - 15, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL - HEMORRHAGE	
Due to HYPERTENSION - ARTERIO-SCLEROSIS -	
Due to	
Other conditions CHRONIC - GLOMERULAR NEPHRITIS (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature D. K. McCrea (M. D. or other) D.
Address Chula Mo. Date signed 2-16-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 340-305
Date Filed MAR 11 1940

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 E. J. Robertson

Licensed Embalmer No. 2468

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.