FILED APR 22 194

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

Do not use this space.

85

1001

10233

314

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City of St. Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME 130 Mrs Lena D. Abbott
(a) Residence, No. Clarinda 29 St., Ward. Clarinda, Iowa
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1- 1885

7. AGE YEARS 54 MONTHS 11 DAYS 17 IF LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Clarinda Iowa

FATHER
13. NAME Carl Radke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizebeth Clugey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Harry B Abbott
(ADDRESS) Clarinda Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarinda DATE March 20, 40

19. UNDERTAKER Leslie D Walker
(ADDRESS) Clarinda Iowa

20. FILED 3/18 19 40 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-11- 19 40, to 3-18- 19 40
I last saw her alive on 3-17- 19 40 Death is said to have occurred on the date stated above, at 2 40 a. m.
The principal cause of death and related causes of importance were as follows:

Cholecystitis + Cholelithiasis.

126 -

Date of onset 1936

Other contributory causes of importance
Embolism + thrombosis Iliac veins

Name of operation Cholecystectomy Date of 3-14-40
What test confirmed diagnosis? Operation 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) Paul Torgraus M. D.
85 (Address) St Joseph Mo

STATEMENT BY LICENSED EMBALMER

I,_____, Licensed Embalmer No._____

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by_____

or by_____, Registered Apprentice No._____

(Signed)_____

_____ Licensed Embalmer No._____

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)