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.

REC MAR 19 1941

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

Do not use this space.

7805

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Primary Registration District No. 3032 90
City Sedalia (No. , St. Ward)

File No. 668
Registered No. 78

2. FULL NAME John A Abbott
(a) Residence, No. 206 E 25 St., Ward 9
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Do Not Know

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
About	79			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plaster
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo

FATHER
13. NAME Unk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Co

MOTHER
15. MAIDEN NAME Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT (ADDRESS) Woodrow Brown Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Feb 27 1941

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED Feb 27 1941 Mrs Harry Snell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 , 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 , 1941, to Feb 26 , 1941
I last saw h~~im~~ alive on Feb 25 , 1941. Death is said to have occurred on the date stated above, at 2:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance: Influenza

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 ....., 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? .....
If so, specify .....
(Signed) C L Summers M. D.
(Address) Sedalia Mo

RECEIVED
District Health Officer No. 3,
[illegible] File Number.....
Date Filed 3-13-41