

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2980

State File No. _____

Registration District No. 604Primary Registration District No. 4358Registrar's No. 14

1. PLACE OF DEATH:

- (a) County New Madrid
 (b) City or town New Madrid
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: No

(If not in hospital or institution, write street number and location)

- (d) Length of stay: In hospital or institution No (Specify whether)
 In this community all of life
 years, months or days

3. (a) PRINT
FULL NAMEMAUDIE MARI Abbott

3. (b) If veteran,
name war No

8. (c) Social Security
No. No

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married,
divorced SINGLE

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased JUNE 7 - 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 14 _____ hr. _____ min.

9. Birthplace New Madrid Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

12. Name Willie Abbott
 13. Birthplace Peniscott Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Lillie Moore
 15. Birthplace unk. Ark.
 (City, town, or county) (State or foreign country)

16. (a) Informant Willie Abbott

- (b) Address New Madrid Mo.
Burial (c) Date thereof Jan. 21 - 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director No

- (b) Address No

19. (a) Jan. 21 - 1942 (b) Alice Spithler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County New Madrid
 (c) City or town New Madrid
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
 year 1942 hour 3:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

PneumoniaBy RecordGeo. MedicalAttendantOther conditions _____
 (Include pregnancy within 3 months of death)Major findings: _____
 Of operations _____

Of autopsy _____

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) (Country) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury 2

23. Signature Leo H. Gentry Deputy Coroner
 Address New Madrid Mo. Date signed 1/21-42

RECEIVED

District Health Office No. 2

District File Number 2-42-195-

Date Filed 2-10-42

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..... N6

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2980**
Registrar's No. **29**

Registration District No. **604**

Primary Registration District No. **4358**

1. PLACE OF DEATH

(a) County **New Madrid**
(b) City or town **New Madrid**
(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 (years, months or days)

3. (a) PRINT FULL NAME **Maudie M. Abbott**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **8**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **8** years
7. Birth date of deceased **June 7 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 10 15 min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) **4/11/42** (b) **Alma Spiller**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** year **1942** hour minute .M.

21. I hereby certify that I attended the deceased from **9** to **9**, 19**42**; that I last saw him alive on **Jan 7**, 19**42**; and that death occurred on the date and hour stated above.
Immediate cause of death

Due to **Pneumonia**
labor, no medical attendant.

Due to
Other conditions (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? (c) Means of injury
23. Signature **Leo Hayden** Deputy Coroner
Address **New Madrid, Mo.** Date signed **4/11/42**

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

SUPPLEMENTARY

