

WRITE PLAINLY, WITH UNFADING INK. THIS IS 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.

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

Do not use this space.

FILED DEC 13 1944

37020

1. PLACE OF DEATH

County Barry  
Township Sugar Creek  
City Seligman (No. ....)

Registration District No. 11  
Primary Registration District No. 5043

File No. ....  
Registered No. 78  
St. .... Ward

2. FULL NAME

Mary Jane 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 2  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Abbott  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1849  
7. AGE YEARS 95 MONTHS 4 DAYS 1 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife  
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) Roan Co Tenn.

13. NAME Mr. Monger  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Waller  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Austin Abbott son  
(ADDRESS) Seligman

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sparks Mo. DATE 19

19. UNDERTAKER T. B. Chubb  
(ADDRESS) Mark

20. FILED Nov 20 1944 By Grace Williams  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1944

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1944, to Nov. 11, 1944

I last saw her alive on Nov. 11, 1944. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

heart failure  
from  
senility  
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Other contributory causes of importance:  
chronic colitis  
and nephritis

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) Dr. Chas. T. B. Brown D.O.  
(Address) Seligman

RECEIVED

District Health Officer No. 6,

District File Number 1244-1345-

Date Filed DEC 12 1944

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. *alee*Registration District No. *11*Primary Registration District No. *5043*Registrar's No. *78*

## 1. PLACE OF DEATH:

- (a) County *Barny*  
(b) City or town *Sugar Creek Miss*  
(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*Marj J. 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 *W*

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. year

7. Birth date of deceased *July 10* (Month) (Day) (Year)

8. AGE: Years *95* Months *4* Days *1* If less than one day, min.

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

10. Usual occupation

11. Industry or business

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) (Date received local registrar) (b) (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 *Nov* Year *1944* Minute *10* M.

21. I hereby certify that I attended the deceased from *Nov. 10* 19*44* that I last saw him alive on *Nov. 10* 19*44* and that death occurred on the date and hour stated above.

Immediate cause of death *Hemorrhage* Duration*Cancer of rectum*

- Due to *Chronic interstitial*

- Due to *Chronic interstitial*

- Other conditions *Chronic interstitial*

- (Include pregnancy when a factor in death) *Chronic interstitial*

- Major findings: *Nephritis*

- Of operations

- Of autopsy *46a*

- 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?

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

23. Signature *W. C. Chan, R. B. Brown, D. C.*

- Address *Deligan* Date signed *7/10/44*

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

1944  
S-37029