

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.

AUG 26 1933

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

Do not use this space.

22940

1. PLACE OF DEATH
 County Henry Co. Registration District No. 14
 Township _____ Primary Registration District No. 4211
 City Windsor Mo. (No. _____) St. _____ Ward _____

2. FULL NAME James M. Abington
 (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mrs. M. Abington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	81	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

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) Wentzville Mo.

MOTHER FATHER

13. NAME William Abington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Susan Kirkpatrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor Mo.

17. INFORMANT Mrs. James Abington
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Windsor Mo. DATE July 2, 1933

19. UNDERTAKER C. A. Reed
(ADDRESS) Windsor Mo.

20. FILED July 2, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to July 1, 1933
 I last saw him alive on July 1, 1933 Death is said to have occurred on the date stated above, at 4-38 m.
 The principal cause of death and related causes of importance were as follows:
(Bright's disease)
myeloma
 Other contributory causes of importance: 132-H 132A

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? no
 If so, specify _____
 (Signed) W. J. Small M. D.
 (Address) Windsor Mo.

