

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.

NOV 10 1933

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

Do not use this space.

32811

1. PLACE OF DEATH

County Greene
Township Franklin
City Springfield (No. R#1)

Registration District No. 322
Primary Registration District No. 5

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R#1 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> <u>C. E. Abbott</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 26, 1853</u>		
7. AGE YEARS <u>77</u> MONTHS <u>11</u> DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>Indiana</u>		
FATHER	13. NAME <u>Asa Judkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine</u>	
	15. MAIDEN NAME <u>Irena Sturdephant</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass.</u>	
17. INFORMANT <u>C. E. Abbott, Jr.</u> (ADDRESS) <u>Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Comfort Cemetery</u> DATE <u>Oct 10</u> 19 <u>33</u>		
19. UNDERTAKER <u>J. W. Lingner & Co.</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>Oct 10</u> 19 <u>33</u> <u>Mr. E. W. Mason</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/9/33, 1933, to 10/9, 1933

I last saw him alive on 10/9, 1933 Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
93%
10/9/33
10/9/33

Other contributory causes of importance:
Arteriosclerosis
High Blood Pressure

Name of operation None Date of _____

What test confirmed diagnosis? None 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) Dr. Max J. Fitch, M. D.
(Address) Springfield, Mo.

