

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

Do not use this space.

AUG 21 1936

27101

1. PLACE OF DEATH

County Johnson

Registration District No. 430

Township Deer Creek

Primary Registration District No. 4256

City Leeton

(No. _____)

St. _____

Ward _____

2. FULL NAME Leland Carter Abington

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 OF
(OR) WIFE OF

Mrs. Lula Abington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3rd. 1868

7. AGE

YEARS 67

MONTHS 7

DAYS 29

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Retired Farmer.

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)

St. Charles Co., Mo.

FATHER

13. NAME William Abington

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

Va.

MOTHER

15. MAIDEN NAME Susan, Kirkpatrick.

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

Va.

17. INFORMANT (ADDRESS)

Mrs. Lula Abington, Leeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Windsor, Mo. DATE 7-5-36 1936

19. UNDERTAKER (ADDRESS)

R. A. Brauninger, Leeton, Mo.

20. FILED

7-5 1936

O. B. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

May 11, 1936, to July 2nd, 1936

I last saw him alive on July 2nd, 1936 Death is said

to have occurred on the date stated above, at II:30AM

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

Labar Pneumonia (Purulent) Date of onset July 2

Other contributory causes of importance:

Cancer of Prostate benign

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. P. [Signature], M. D.

(Address) Leeton, Mo.

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.

946

104

104

104

104

104

104

104

104

104

104

104

104

104

104

104

104

104