

RECORDED MAR 9 1939

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

Do not use this space.
5517

1. PLACE OF DEATH
(a) County Jackson Registration District No. 395
(b) Township Truro Primary Registration District No. 1002
(c) City Hannous (d) Street No. 3118 Chestnut Registered No. 716
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Leo Abbott
(a) Residence, No. 3118 Chestnut St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unkown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 9 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Benn

FATHER 13. NAME Cyrus Abbott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benn

MOTHER 15. MAIDEN NAME Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benn

17. INFORMANT Mrs Mike Shop
(ADDRESS) 3118 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton Mo DATE Feb. 21-39

19. FUNERAL DIRECTOR (NAME) Pasquino Bros
(ADDRESS) 15 E. 100

20. FILED 7/20, 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1939 to 2-18, 1939
I last saw him alive on 2-18, 1939 Death is said to have occurred on the date stated above, at 11:20 AM
The principal cause of death and related causes of importance were as follows:
Pneumonia
Terminal Broncho
101a

Date of onset

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis Ch. 7 - Ed. Was there an autopsy? M

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) H. J. De Maria M. D.
(Address) Superior K.C. Gen'l Insp K.C. 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.

In Public
In Person

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES

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

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.