

DIST. No.

CERTIFICATE OF DEATH

CLASS No.

DISTRICT OF COLUMBIA

No. OF RECORDS
50588

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE

1. PLACE OF DEATH:

No. 118377 Street, _____ Section, _____
 Name of Hospital Walter Reed Hosp. Wash. DC Duration of residence therein Since Jan. 8/35

2. FULL NAME Ody C. ABBOTT

(a) Residence, No. Main Street, New Eagle, Pa. Street _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in D. of C., _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (insert the word): Single

5A. If married, widowed, or divorced, HUSBAND of) _____ (or) WIFE of) _____

6. DATE OF BIRTH (month, day, and year) Sept. 5, 1888

7. AGE: Years Months Days If LESS than 1 day _____ hrs. _____ min.

8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work Deputy Sheriff, Wash. Co.

(b) General nature of industry, business, or establishment in which employed Pennsylvania

(c) Name of employer _____

9. BIRTHPLACE (city or town) New Eagle (State or country) Pa.

10. NAME OF FATHER (in full) William Abbott

11. BIRTHPLACE OF FATHER: Brooklyn City or town N.Y. State or country

12. MAIDEN NAME OF MOTHER (in full) Elizabeth Hodgson

13. BIRTHPLACE OF MOTHER: London City or town England State or country

14. Above information furnished by Records, WRGH

Address _____

15. Relation of informant to decedent _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) April 13, 1935

17. I HEREBY CERTIFY, that I attended deceased from Jan. 8, 1935, to April 13, 1935, that I last saw him alive on April 13, 1935

and that death occurred, on the date stated above, at 7:35 a.m. The CAUSE OF DEATH* was as follows:

1. Arteriosclerosis, generalized, severe, with arterial hypertension, moderate. 2. Myocarditis, chronic, severe, with marked cardiac hypertrophy and congestive heart failure. (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Pneumonia, broncho, acute, al lobes, both lungs, type undet. Feb. 20/33 (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____ If not at place of death? _____

Did an operation precede death? NO Date of operation _____

Was there an autopsy? No

What laboratory test confirmed diagnosis? _____

(Signed) L. P. Poust, Lt. Col. U.S. Army, M.D. (Address) Walter Reed Gen. Hosp.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR _____ Monongahela Cem. 4/17/35

20. UNDERTAKER Nowell J. J. J. Address 928 M St N.W.

PARENTS