

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.

PLACE OF DEATH

County Wagner
 Township Pedar Creek
 or Gravelton
 Village _____
 or _____
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 893 File No. 15689
 Primary Registration District No. 6183- Registered No. 7

FULL NAME James Franklin Aburnathy

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) _____
 DATE OF BIRTH April 26, 1910
 (Month) (Day) (Year)
 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
 _____ yrs. _____ mos. _____ ds.

OCCUPATION

(a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE

(City or town, State or foreign country) Gravelton, Mo

PARENTS

NAME OF FATHER James Milton Aburnathy
 BIRTHPLACE OF FATHER Zalma, Mo
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Emma Johnson
 BIRTHPLACE OF MOTHER Gravelton, Mo
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Aburnathy
 (ADDRESS) Gravelton Mo

Filed May 17, 1910 O. A. Myers
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 26, 1910, to May 17, 1910, that I last saw him alive on May 17, 1910, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Adam F. Wagner M. D.
May 17, 1910 (Address) Gravelton, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

Gravelton Cemetery DATE OF BURIAL May 17, 1910

UNDERTAKER

Bert Myers ADDRESS Gravelton, Mo

