

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

Do not use this space.

13185

1. PLACE OF DEATH
 County Jackson Registration District No. 2 File No. D
 Township Kaw Principal Registration District No. 5816 Registered No. 45710
 City W. Mo No. 613 St. _____ Ward _____

2. FULL NAME Fealy Abby
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. 15 mos. 15 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 | 11 | 27

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Francis Stanton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Etta Carver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

14. INFORMANT Petty Stanton
 (Address) Parkville Mo

15. FILED 4/5-28 1928 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from March 18 1928, to Apr. 21 1928 that I last saw him alive on Apr. 21 1928, and that death occurred, on the date stated above, at 7:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrospinal meningitis
MB About six weeks (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 7/11 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? In Platt Co., Mo
 DID AN OPERATION PRECEDE DEATH? Spinal fluid, Mar. 29th DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Punctum, cloudy fluid, cell count
 (Signed) Dalvin Atkins, M. D.
4/21 28 (Address) Independence, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Parkville Mo DATE OF BURIAL 4-5 1928
Brown Cem
 20. UNDERTAKER Harry Roland ADDRESS Parkville

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.

For collection
Bunker 7342