

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

Do not use this space.

✓31287

1. PLACE OF DEATH

County Pettis
Towship Washington
City Spring Fork (No. 19)

Registration District No. 664
Primary Registration District No. 5884

File No. 19
Registered No. 19
St. 19 Ward 19

2. FULL NAME

Orvian C. Abney Jr.
(a) Residence, No. Spring Fork Mo St. Mo
(Usual place of abode)

Ward. Spring Fork Mo
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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)

S

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

✓

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

Sept 24 - 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 4 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

✓

(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)

Spring Fork Mo
Pettis Co

10. NAME OF FATHER

Orvian Clem Abney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Idaho
Idaho

12. MAIDEN NAME OF MOTHER

Pearl Mandel Estes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Nelson
Idaho

PARENTS

14.

INFORMANT
(Address)

Mother of child
above

15.

FILED 9/28, 1928 C.R. Shelby

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 24 1928

17.

I HEREBY CERTIFY That I attended deceased from 7:30 am
Sept 24, 1928, to 11:30 am Sept 24, 1928
that I last saw him alive on Sept 24, 1928, and that
death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature 1 1/2 mo

159 161 4 hr

CONTRIBUTORY (SECONDARY)

Intoxication

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Alfred S. Mause M. D.

Sept 26, 1928 (Address) 11104 Idaho 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

DATE OF BURIAL

Green Ridge Mo

Sept 24 1928

20. UNDERTAKER

ADDRESS

ada 00

YIT

blue

you should be carefully
of var

427A

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dettis
Township Washington
City St. Louis (No. 19)

Registration District No. 664
Primary Registration District No. 5-884

File No. 19
Registered No. 19
St. 19 Ward 19

2. FULL NAME

(a) Residence. No. 19 St. 19 Ward 19
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT
(Address)

15.

FILED 9/28 1928 Ch. R. Shelley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1928

17. I HEREBY CERTIFY, That I attended deceased from 1928 to 1928, and that I last saw him alive on 1928, and that death occurred, on the date stated above.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.

, 19 (Address)

*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 Green Ridge 1120 DATE OF BURIAL 9/24 1928

20. UNDERTAKER There was no undertaker ADDRESS A Neighbor took Charge, 2 weeks

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-31287