

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

Do not use this space.

32958 ^a

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township _____ Primary Registration District No. 3009
 City Cape Girardeau, Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Master John Hbernathy
 (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 5 yrs. mos. _____ da. How long in U.S., if of foreign birth? yrs. mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4 April 21-1943</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>6</u>	<u>05</u>	<u>9</u>	
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) Lutesville, Mo
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Walter Hbernathy</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger County</u>
	12. MAIDEN NAME OF MOTHER <u>Lettie Moorland</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	

14. INFORMANT Walter Hbernathy
 (Address) Lutesville, Mo

15. FILED 1/1/28 J J Chandler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/30 1928
 17. I HEREBY CERTIFY That I attended deceased from 10/30 1928 to 10/30 1928 that I last saw him alive on 10/30 1928, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Route Appendicitis
12/13/1928
129/1/10
 (duration) _____ yrs. mos. 5 da.
 CONTRIBUTORY Severe Peritonitis
 (SECONDARY) (duration) _____ yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED Walu, Mo.
 IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH. YEP. DATE OF 10/30-28
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS. Operative
 (Signed) George H Walker M. D.
10/30, 1928 (Address) George H Walker

*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 Shelton Cemetery DATE OF BURIAL Oct 31 1928

20. UNDERTAKER J Baker ADDRESS Lutesville

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.

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**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 Cape Girardeau
Township.....
City..... (No.) Ward.....

Registration District No. 125
Primary Registration District No. 3009

File No.
Registered No. 89
St. Ward.....

2. FULL NAME

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

Master John Abernathy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) e

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21-1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
5 ✓ 6 ✓ 9

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) Lutesville, Mo

10. NAME OF FATHER Walter Abernathy

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

12. MAIDEN NAME OF MOTHER Letitia Moorland

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

14. INFORMANT Walter Abernathy (Address) Lutesville, Mo

15. FILED 4/18, 1929 W. K. Koenig REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-30-28

17. I HEREBY CERTIFY that I attended deceased from 10-30 1928 to 10/30 1928 that I last saw him alive on 10-30, 1928 and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Appendicitis
General Peritonitis
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. 5 ds.
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Upper mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10-30-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) George W. Walker, M. D.

1930. 1928 (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 Shelton Cemetery DATE OF BURIAL Oct 31 1928

20. UNDERTAKER H. J. Baker ADDRESS Lutesville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FAYSA. W. F. should state CAUSE OF DEATH in plain terms, and may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A OR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED. B. LAW

SUPPLEMENTARY

S-32958-A