

JAN 22 1929

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

Do not use this space.

39736

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129
Township Stromer Primary Registration District No. 5180
City (No.) St. Ward)

File No.
Registered No. 29

2. FULL NAME

Mr. Martha Abernethy
(a) Residence No. R. S. D. #1 St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 11 9

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

9. BIRTHPLACE (CITY OR TOWN) America
(STATE OR COUNTRY)

10. NAME OF FATHER Mr. J. Hard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) America
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ms. Knorr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ms. Knorr
(STATE OR COUNTRY)

14. INFORMANT Mr. Omer Abernethy
(Address) R. S. D. #1 Cape Girardeau

15. FILED 12-30-1928 F. J. Schorr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1928, to Dec 29, 1928
that I last saw h. es. alive on Dec 28, 1928, and that death occurred, on the date stated above, at 10:30 Dec 29 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberc Pneumonia
11/2/108
(duration) yrs. mos. da. 8
CONTRIBUTORY La Grippe
(SECONDARY) (duration) yrs. mos. da. 3

18. WHERE WAS DISEASE CONTRACTED at her home
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Oliver J. Mellic, M. D.
12-30-1928 (Address) Egypt Mills 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 St. Clem Chapple DATE OF BURIAL Dec. 30 1928

20. UNDERTAKER U. Denton ADDRESS 536 Madison Cape Girardeau, MO.

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.

