

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

Do not use this space.

4976

1. PLACE OF DEATH

County Scott
Township Republic
City Chaffee mo (No. _____)

Registration District No. 816
Primary Registration District No. 6065

File No. _____
Registered No. 3,
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 6 mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or WIFE of Blara Abornathy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>45</u>	<u>6</u>	<u>18</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Interville mo
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Dave Abornathy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Interville mo
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER E. Duman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gib
(STATE OR COUNTRY) _____

14. INFORMANT Clara Abornathy
(Address) Chaffee mo

15. FILE NO. Jan 14 1929 L. R. Sample REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1929
17. I HEREBY CERTIFY That I attended deceased from Jan 8, 1929, to Jan 13, 1929, that I last saw him/her alive on Jan 12, 1929, and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
Subs. Pneumonia
10.15
10.8 (duration) _____ yrs. _____ mos. 7 ds.
CONTRIBUTORY (SECONDARY) 11.11 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____
19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) L. R. Sample, M. D.
1-14, 1929 (Address) Chaffee 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 Dry Creek Interville mo DATE OF BURIAL Jan 14 1929
20. UNDERTAKER H. S. Stubbs ADDRESS Chaffee 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.

1929
3
4

29
1
2

