

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

Do not use this space.

39958

PLACE OF DEATH

County Cape Girardeau
Township Rundel
City (No.)

Registration District No. 131
Primary Registration District No. 5182

File No.
Registered No.
St. Ward

2. FULL NAME

Calvinus Abumathy

(a) Residence. No. St. Ward
(Usual place of abode)
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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marjorie Matthews
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1844
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 6 11
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) not known

PARENTS

10. NAME OF FATHER Joe Abumathy
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) not known

14. INFORMANT Robert Abumathy
(Address) Cape Girardeau R#1

15. Filed Dec 29 1929 Oliver J. Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1929, to Dec 14, 1929, that I last saw him alive on Dec 14, 1929, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
(duration) 1 yrs. 8 mos. 1 da.
CONTRIBUTORY (SECONDARY) Paralysis
(duration) 1 yrs. 8 mos. 1 da.

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) O. J. Miller, 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 Indian Creek DATE OF BURIAL Dec 15 1929

20. UNDERTAKER McDonough & Co ADDRESS Jackson Mo.

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.

