

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

Do not use this space.

410

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 1A Primary Registration District No. 3009
City 1 (No. 1) Ward 1

File No. _____
Registered No. 296
St. _____ Ward _____

2. FULL NAME

James Boyd Abernathy
(a) Residence No. 126 S Leflore 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. Abernathy</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 20 - 1845</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>2</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>school teacher and merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Louptown Mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Addressin Abernathy</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carl.</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Mrs. J. A. Abernathy
(Address) 126 S Leflore Ave

15. FILED 1/15 30 W. C. Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1930, to Jan 15, 1930, that I last saw him alive on Jan 15, 1930, and that death occurred, on the date stated above, at 2:30 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108

CONTRIBUTORY (SECONDARY) 1010
(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) Dr. Paul F. Williams M.D.
, 19 (Address) Cape Girardeau 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 Funerary Home Cape Girardeau Mo. DATE OF BURIAL 1-16-30

20. UNDERTAKER Al. Bruckoff ADDRESS Cape Girardeau 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.

1-15-30
1-15-30
1-15-30

215

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2

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1002

