

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

Do not use this space.

5242

1. PLACE OF DEATH

County Jackson
Township Kaw
City K. E. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. 4524 Fairmount)

File No. _____
Registered No. 9111
St. _____ Ward _____

2. FULL NAME

Samuel Miller Abernathy

(a) Residence. No. 14 West 74th St. 8 Ward. (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-8-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 2 17

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

9. BIRTHPLACE (CITY OR TOWN) Morristown
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER James Abernathy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lin.
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Margaret Thompson

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

14. INFORMANT Mrs. B. T. Whitney
(Address) 1324 W. 50th St Terrace

15. FILED 7/27/30 M. M. Browne
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1930, to Feb 25 1930, that I last saw him alive on Feb 25 1930, and that death occurred, on the date stated above, at 11:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia - 2 days
Chronic nephritis
Chronic myocarditis.

(duration) 4 yrs. mos. ds.
CONTRIBUTORY acute heart failure.
(SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

IF AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? U. urine; B.P. Etc

(Signed) Lowell C. Grets M. D.

76. 1930 (Address) 1717 1/2 W 39-

*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 Forest Hill DATE OF BURIAL Feb. 27 1930

20. UNDERTAKER Mrs. E. L. Forster ADDRESS 918 Brooklyn Ave K. E. Mo.

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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