

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

Do not use this space.

21729 ~~21827~~
File No. _____
Registered No. 10
St. _____ Ward _____

1. PLACE OF DEATH

County Wayne
Township Highland
City Pittsboro (No. _____)

Registration District No. 891
Primary Registration District No. 4540

2. FULL NAME

Margaret S. Abernathy
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 75 yrs. 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 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 John Abernathy
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 7 23

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) (STATE OR COUNTRY)

Bent County Missouri

PARENTS

10. NAME OF FATHER John H. Longgus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14.

INFORMANT John Abernathy
(Address) Pittsboro Mo.

15.

FILED 6/4 1930 S. C. Piles M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 / 4 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1930 to June 4 1930
(that I last saw her alive on June 4, 1930, and that death occurred, on the date stated above, at 9:35 a. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial sclerosis
99H
99

(duration) _____ yrs. mos. ds.
CONTRIBUTORY Arterio Sclerosis
(SECONDARY)

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Phys. Diagnosis
(Signed) J. C. Piles M. D.

, 19 (Address) Pittsboro 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

DATE OF BURIAL

Mile Cem

6/6 1930

20. UNDERTAKER

ADDRESS

Herman W. Gish Pittsboro 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.

RECORD

