

OCT 31 1930

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

Do not use this space.

File No. 30925  
Registered No. 135  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 773  
Primary Registration District No. 6018A

2. FULL NAME

Frank Abernathy

(a) Residence. No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1930 to Sept 1 1930 that I last saw alive on Sept 1 1930, and that death occurred, on the date stated above, at 11.30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24, 1893

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
37 10 27

Pulmonary Tuberculosis

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

CONTRIBUTORY (SECONDARY) 31 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) Butler Co. Mo.  
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH St. Louis Mo

10. NAME OF FATHER John Abernathy

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waynes Co. Mo.  
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Sarah Lambert

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Rappaport M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boonville Mo.  
(STATE OR COUNTRY)

(Address) Farmington 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.

14. INFORMANT Claude Abernathy  
(Address) 115 Farmington, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Parkview - Farmington

15. FILED 9 2 1930 B. J. Robinson REGISTRAR

DATE OF BURIAL 9-3 1930

20. UNDERTAKER Heiderick Muel Co  
ADDRESS Jayton, 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.

