

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

6976

MAR 27 1931

1. PLACE OF DEATH

County St. Louis Registration District No. 1
 Township Carondelet Primary Registration District No. B
 City KOCH (No. R Koch Hosp) St. _____ Ward _____

File No. _____
 Registered No. 91
 St. _____ Ward _____

2. FULL NAME ABNER CAWLEY

(a) Residence. No. 2610 Wash St. 21 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred X yrs. 11 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 1 25

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

9. BIRTHPLACE (CITY OR TOWN) Mississippi
 (STATE OR COUNTRY)

10. NAME OF FATHER William Cawley

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

12. MAIDEN NAME OF MOTHER Mattie Ivory

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

14. INFORMANT Koch Hospital Records
 (Address) " Missouri

15. FILED Mar. 3 31 L. C. Obrock
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 5 1930 19____ to Feb. 26, 1931 19____
 that I last saw him alive on Feb. 26, 1931 19____, and that death occurred, on the date stated above, at 8:20 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis Far Adv.

23A
29A About 2 1/2 (duration) 3 yrs. mos. ds.
OB

CONTRIBUTORY (SECONDARY) Tuberculous Cervical Glands

About 3 yrs (duration) yrs. mos. ds.
Pleurisy with effusion

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Unknown

Ⓞ DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) J. J. J. M. D.

2/26/31 (Address) Koch Hospital.

*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 Greenwood DATE OF BURIAL 3/7 1931

20. UNDERTAKER Richardson ADDRESS 1020 Br-stky

