

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

Do not use this space.

17306

**1. PLACE OF DEATH**

County Cape Girardeau  
Township.....  
City Cape Girardeau (No.....)

Registration District No. 125  
Primary Registration District No. 2009

File No.....  
Registered No. 621.....  
St. .... Ward)

**2. FULL NAME**

William R. Abernathy  
(a) Residence. No. 24 So. Pacific St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 Mary E. Abernathy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
79 7 23

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Brake inspector  
(b) General nature of industry, business, or establishment in which employed (or employer) P. Road  
(c) Name of employer Frisco

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

**PARENTS**

10. NAME OF FATHER John Abernathy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) don't know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hatchler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't know  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Robert Kimmick  
(Address) Benton, Mo.

15. FILED 5/11, 1931 W. E. Kimmick  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-9 1931

17. I HEREBY CERTIFY, That I attended deceased from 7 to 5-9 1931  
that I last saw him alive on 5-9 1931, and that death occurred, on the date stated above, at 109 W. P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Interstitial nephritis

(duration) 2 yrs. .... mos. .... da.

**CONTRIBUTORY (SECONDARY)**

(duration) .... yrs. .... mos. .... da.

**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?**

(Signed) W. E. Kimmick, 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 DATE OF BURIAL

Farmington Cemetery May 12, 1931

20. UNDERTAKER ADDRESS

Kimmick & Strick Benton, Mo.

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

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.

JUN 24 1931

