

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. Kansas City General Hosp St. 1634 Ward)

Registration District No. 399

Primary Registration District No. 8002

File No. 12695

Registered No. 1634

2. FULL NAME

Thomas L. Abernathy
(a) Residence, No. 4834 E. 6th St. 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

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)

widowed

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

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

9-10-1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

7

6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Meter reader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

K.C. Power & Light

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Henderson 2 Kentucky

MOTHER FATHER

13. NAME

James R. Abernathy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

North Carolina

15. MAIDEN NAME

Mary Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

17. INFORMANT (ADDRESS)

Emma M. Johnson
Leighton Ohio

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Marys

DATE

4-19

1932

19. UNDERTAKER (ADDRESS)

City of Law Funeral Home
R. C. Mo.

20. FILED

4/19

1932

M. M. Crowe
assb Registrar.

MEDICAL CERTIFICATE OF DEATH

Y

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

April 16, 1932

22. I HEREBY CERTIFY that I attended deceased from

Robert Carson

I last saw him..... alive on....., 19.....

.....

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.....

to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

accidental fract skull

Date of onset

1860 / 860 (A)
1932

Other contributory causes of importance:

fell down on side
neck

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Name of operation

Autopsy

What test confirmed diagnosis

Autopsy

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide..... Date of injury 4/16/32

Where did injury occur? 3519 Smith St. Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

on street on prop phone

Manner of injury fall

Nature of injury fract skull

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify.....

(Signed) Robert Carson, M. D.

(Address)

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.

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