

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25931

File No. _____
Registered No. 568
St. _____ Ward)

1. PLACE OF DEATH

39 County Greene Registration District No. 318
3 Township _____ Primary Registration District No. 2501
51 City Springfield No. 724 Clay St.

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) Nov. 26-30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Mo

FATHER 13. NAME Robert Abernathy

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

MOTHER 15. MAIDEN NAME Rudena Rogers

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

17. INFORMANT (ADDRESS) Robert Abernathy
7426 Clay

18. BURIAL, CREMATION, OR REMOVAL 5 Hazelwood DATE Aug. 13 1932

19. UNDERTAKER (ADDRESS) W. E. Campbell
269 Wash. Ave.

20. FILED 8-13-1932 Kaiserwinkler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 8, 10, 32 1932 to 8, 13, 32 1932

I last saw him alive on 8, 12, 32 1932 Death is said

to have occurred on the date stated above, at 2 A. M.

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

Pneumonia, Bronchial

Date of onset

8, 8,

1932

Other contributory causes of importance: primary cause
10-12

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

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

Accident, suicide, or homicide? _____ Date of injury _____ 1932

Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) G. J. Smith M. D.

(Address) Springfield, Missouri

