

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.

5358

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township SpringfieldPrimary Registration District No. 2001City Springfield(No. 516 E. Pine)

File No.

Registered No. 117

St. Ward)

2. FULL NAME

(a) Residence, No. 516 E. Pine 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

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female Colored Single

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

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

April 11-1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

9

9

20

OCCUPATION

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

Schoolgirl

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

Eugene Abernathy

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

Mo

MOTHER

15. MAIDEN NAME

Marie Garrett

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

Mo

17. INFORMANT

(ADDRESS)

Eugene Abernathy

18. BURIAL, CREMATION, OR REMOVAL

PLACE

516 E. Pine

19. UNDERTAKER

(ADDRESS)

569 Maple Ave.

20. FILED 2-3

1933

Ralph W. Langston

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-29-33, 19... to 2-1-1933

I last saw her alive on 2-1-1933 Death is said

to have occurred on the date stated above, at 4:30 P.M.

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

Date of onset

Meningitis (Pneumococcus) 1-28-33

Other contributory causes of importance:

Name of operation... Date of...

What test confirmed diagnosis? Spinal fluid 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... 19...

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) Helen B. Buck, M. D.

(Address) Springfield, Mo.

