

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

Do not use this space.

MAY 25 1934

12615

1. PLACE OF DEATH

County Greene
Township Franklin
City Fair Grove (No. 10)

Registration District No. 322
Primary Registration District No. 5446 # 2

File No. 10
Registered No. 10
St. Mo. Ward 2

2. FULL NAME

(a) Residence, No. Fair Grove No. 10 St. Mo. Ward 2
(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

2 MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7-1858

7. AGE YEARS 75 MONTHS 5 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work
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.

13. NAME Edward L. Gbernathye

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

15. MAIDEN NAME Nancy Jane Headley

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

17. INFORMANT (ADDRESS) Derma Appleby

18. BURIAL, CREMATION, OR REMOVAL PLACE East Cemetery DATE April 15 1934

19. UNDERTAKER (ADDRESS) W. H. Hughes & Co

20. FILED Apr 15 1934 Allen Barnes Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-30-1934 to 4-12-1934

I last saw her alive on 4-10-1934 Death is said to have occurred on the date stated above, at 7 p.m.

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

Intentional Auto Toxicant Date of onset 3-30-34

1230
162

Other contributory causes of importance:

Senility accompanied with senile dementia

Name of operation Senility accompanied with senile dementia Date of 3-30-34

What test confirmed diagnosis? Senility accompanied with senile dementia Was there an autopsy? 3-30-34

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

accident, suicide, or homicide? Senility accompanied with senile dementia Date of injury 3-30-34

Where did injury occur? Senility accompanied with senile dementia

(Specify city or town, county, and State)

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

Manner of injury Senility accompanied with senile dementia

Nature of injury Senility accompanied with senile dementia

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

If so, specify Senility accompanied with senile dementia

(Signed) C. S. Zeller M. D.

(Address) Springfield Mo.

CAUSE OF DEATH in plain terms so that it may be properly stated. Every item of information should be carefully stated. GE should be stated EXACTLY. PHYSICIANS should state

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene
Township Franklin
City Levy (No. 1)

Registration District No. 322
Primary Registration District No. 5446

File No. 10
Registered No. 10 (St. 10 Ward)

2. FULL NAME

(a) Residence, No. Levy M. Abernathy St. 10 Ward. 10
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS 75 MONTHS 5 DAYS 5 IF LESS than 1 day, hrs. or min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Alan Barnes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Apr 10, 19 1934 Death is said

to have occurred on the 12th day of April, 19 1934

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

Date of onset

Other contributory causes of importance

Intestinal Acute

1234

Severe accompanied with severe delirium

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) M. D.

(Address)

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