

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

Do not use this space.

17882

File No. \_\_\_\_\_  
Registered No. 81

1. PLACE OF DEATH  
 94 County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 1018A  
 Near City Farmington, Mo. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Ida Abrahams  
 (a) Residence, No. Kimmswick, Mo. 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 Female  
 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 John Abrams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
About 65 ? ?

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Augusta Mo.

FATHER  
 13. NAME Unknown

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

MOTHER  
 15. MAIDEN NAME Unknown

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

17. INFORMANT Hospital Records  
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Louis, Mo. DATE 5-23-1934

19. UNDERTAKER Paschaedag Undertaking Co.  
 (ADDRESS) St. Louis, Mo.

20. FILED May 21, 1934 T. J. Robinson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934, to May 20, 1934  
 I last saw him alive on May 20, 1934. Death is said to have occurred on the date stated above, at 11:55PM.  
 The principal cause of death and related causes of importance were as follows:

Anterior sclerosis 663  
Cerebral Hemorrhage 806  
Hemiplegia, right 821  
 Date of onset May 20, 1934  
 Other contributory causes of importance:  
Thyroiditis (Adenoma) ?  
Chronic Myocarditis ?

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) C. C. Ault, M. D.  
 (Address) Farmington, Mo.

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 26 1934

