

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.

JUL 10 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DeerRegistration District No. 266Township Salem TwpPrimary Registration District No. 4764City Salem, Mo.File No. 19978Registered No. 42St. Mo.Ward

2. FULL NAME

(a) Residence, No. Flora Elina AbernathySt. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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)

widow

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

William Abernathy

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

April 18 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76125

OCCUPATION

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

House Keeper

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 all life

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

Warren Ohio

FATHER

13. NAME

James Cummings

MOTHER

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

Illinois

15. MAIDEN NAME

Maria Hake

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

Ohio

17. INFORMANT (ADDRESS)

Mabel Wingfield Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wagoner Cem DATE 6/16 1934

19. UNDERTAKER (ADDRESS)

H. D. Hobson Salem, Mo.

20. FILED

6/16 1934 H. E. Riddick, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 13 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 16 1934 to June 13 1934I last saw him alive on June 13 1934 Death is saidto have occurred on the date stated above, at 8:40 P.M.

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

Ruptured appendix, abscess, freezing acute appendicitis.

Date of onset

Other contributory causes of importance:

Smoking 12/10Name of operation noneDate of operation noWhat test confirmed diagnosis autopsy as there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no

(Specify city or town, county, and State)

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

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr. H. E. Riddick, Jr.

M. D.

(Address) Salem, Mo.

