

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.

41943

21

JAN 1 4 1935

1. PLACE OF DEATH

County Dollinger
Township Wayne
City 284th St

Registration District No. 69
Primary Registration District No. 5-118

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Lorraine Abernathy

(a) Residence, No. _____ 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 Male 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 Dora

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-3-1858

7. AGE YEARS 74 MONTHS 5 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 5-18-34 11. Total time (years) spent in this occupation 14

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

13. NAME Alex Abernathy

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

15. MAIDEN NAME Dora

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

17. INFORMANT (ADDRESS) W. J. Abernathy

18. BURIAL, CREMATION, OR REMOVAL

PLACE Berrange DATE 12-17 1934

19. UNDERTAKER (ADDRESS) Walter Key

20. FILED 12-18 1934 A. P. Kestepatrick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1934 to Dec 17 1934. I last saw him alive on Nov 11 1934. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic valvular heart disease

Other contributory causes of importance:

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) A. P. Kestepatrick, M. D.

(Address) Jan 1st

