WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 24 1936

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

Do not use this space.

19710

1. PLACE OF DEATH
County Jackson. Registration District No. 399 File No. 2698
Township Raw Primary Registration District No. 1002 Registered No.
City Kansas City (No. 2429 Tracy St. Ward)

2. FULL NAME Josephine Abernathy
(a) Residence, No. 2429 Tracy St., Ward. (If nonresident, give city or town and State)
(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 Fe.
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4 1879
7. AGE YEARS 57 MONTHS 2 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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) Cannon City Colo.

FATHER
13. NAME John Burnam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mary Jane Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Cy. Pennsylvania

17. INFORMANT (ADDRESS) A. H. Abernathy 2429 Tracy
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6/4 1936
19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia
20. FILED 6/4 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/31, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 5/29/36, to 5/31/36, 1936
I last saw her alive on 5/31/36 Death is said to have occurred on the date stated above, at 11:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus (Coma)	?
Other contributory causes of importance: Parenchymatous nephritis	?

Name of operation no. Date of
What test confirmed diagnosis Chemical Was 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, 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) M. Cardwell M. D.
(Address) 2131 E. 24th