

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.

OCT 21 1936

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

Do not use this space.

36419

1. PLACE OF DEATH

County Stoddard Registration District No. 836 File No. 48
 Township Liberty Primary Registration District No. 60989 Registered No. 48
 City Barnes (No. _____) St. _____ Ward _____

2. FULL NAME David Blue Stone 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Abernathy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1868
 7. AGE YEARS 68 MONTHS 3 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinter sawyer, bookkeeper, etc. Farmer
 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) Lawrenceville (STATE OR COUNTRY) Mo.

13. NAME David Abernathy

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

15. MAIDEN NAME _____

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

17. INFORMANT George Abernathy (ADDRESS) Barnes Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnes, Mo DATE 9-22 1936

19. UNDERTAKER Spide J. Hopkins (ADDRESS) Barnes Mo

20. FILED Sept 22 1936 Glennice Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-20-1936, to 9-20-1936
 I last saw him alive on 9-20-1936 Death is said

to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

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) Paul J. Ryan, M. D.
 (Address) Barnes Mo

