

JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Bluff
City Independence, (No. 2)

Registration District No. 398
Primary Registration District No. 3019

File No. 23882
Registered No. 204
St. _____ Ward _____

2. FULL NAME

Mrs. Mary Catherine Abke

(a) Residence, No. 693 South Crispin 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) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Abke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 - 1876

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>65</u>	<u>60</u>	<u>8</u>	<u>11</u>	

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

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) Cooper, Mo.

13. NAME James W. Farmer

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

15. MAIDEN NAME Cynthia C. de

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

17. INFORMANT Ma Myrtle Senoan
(ADDRESS) 1100 1/2 N. Main St. Englewood Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood DATE June 7 1937

19. UNDERTAKER Dr. and Mitchell
(ADDRESS) 310 S. Main St. Englewood Mo.

20. FILED 6-12-37 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1937

22. I HEREBY CERTIFY That I attended deceased from 5/10, 1937, to 6/4, 1937

I last saw him alive on 6/3, 1937. Death is said

to have occurred on the date stated above, at 12:30 Noon

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

Bilateral Lobar Pneumonia Date of onset

Other contributory causes of importance:

Myocarditis Chronic
Dyspepsia

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholesterol 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? _____

If so, specify _____

(Signed) Dr. Senoan M. D.

(Address) 10307 Independence Ave. Ke. Mo.

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.

