

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 31 1937

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

Do not use this space.

25073

1. PLACE OF DEATH

County Sullivan
Township Penn
City Green Castle (No. _____)

Registration District No. 849
Primary Registration District No. 40-14

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME

J. J. Abernathy Jacob Jasper Abernathy

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or name of) Isabelle Abernathy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 5 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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) (STATE OR COUNTRY) Iowa

13. NAME George Abernathy

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

15. MAIDEN NAME Dorcas Sater

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

17. INFORMANT (ADDRESS) Jim Abernathy, Green Cast

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Castle DATE June 20 1937

19. UNDERTAKER (ADDRESS) Glenn E. Kent & Son, Green

20. FILED July 9, 1937 Virginia Gibson (Address) _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-19- 1937, to 6-19- 1937

I last saw him alive on 6-19- 1937. Death is said to have occurred on the date stated above, at 2:10 P.M.

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

apoplexy

Date of onset _____

Other contributory causes of importance: hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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 6-19- 1937

Where did injury occur? Green Castle (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 _____

City Mo. B. A. Reynolds (Address) _____

