

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.

REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape County

Registration District No. 125

Township

Primary Registration District No. 3009

City Cape Girardeau Mo

(No. A.E.M. Inap.)

File No. 14254

Registered No. 130

St.

Ward

2. FULL NAME

Mrs. Iona Frances Abernathy

(a) Residence, No.

Lutesville Mo

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

Caucasian

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Wife of Mr. Andrew Abernathy

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

April - 5 - 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64 yrs.

No months 20 days

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housework

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)

Cape Girardeau County

FATHER

13. NAME

Mr. William Gladish

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

Cape County

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

Mrs. Richard Owens
(ADDRESS) 3125 Lee Blvd. Arlington Virginia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lutesville

DATE

4 - 26 - 1938

19. UNDERTAKER

Baker Undertaker

(ADDRESS)

Lutesville, Mo

20. FILED

4 - 24 - 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 24 1938

22. I HEREBY CERTIFY, That I attended deceased from

April 14th, 1938, to April 24th, 1938

I last saw h. & x. alive on April 24, 1938. Death is said

to have occurred on the date stated above, at 8:30 p.m.

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

Uræmia -

(convulsions)

Chr. nephritis

Other contributory causes of importance:

Chr. nephritis

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