

REC'D MAR 17 1939

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

7137
Do not use this space.

1. PLACE OF DEATH

(a) County Madison 1 Registration District No. 538
(b) Township Castro Primary Registration District No. 5727 Registered No. 10
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eugene Randolph Abernathy
(a) Residence, No. St. (If nonresident, give city or town and State)

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 Mary Whitwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26 - 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 2 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Longtown 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Sidney Abernathy 1
14. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Virginia Hinsett
16. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Lois Abernathy
Fredericktown, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown DATE Feb 8 1939

19. FUNERAL DIRECTOR (NAME) Ed H. Neph
(ADDRESS) Fredericktown, Mo

20. FILED Feb 1939 S. C. S. Canales
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1939, to Feb 6, 1939
I last saw him alive on Feb 5, 1939 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Coronary of the heart Date of onset

Other contributory causes of importance: 46

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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..... 1939
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. B. Barber, M. D.
(Address) Fredericktown, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Myron A. LaPee, or by

Registered Apprentice No., working under my personal supervision.

Signed

Myron A. LaPee

Licensed Embalmer No. 4025

P. O. Address

Fredericktown, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.