

APR 12 1939

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

8204
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City *St. Louis Mo*
(e) Length of residence in city or town where death occurred *165*

Registration District No. *791*
Primary Registration District No. *1003*
(d) Street No. *St. Louis Children's Hosp* Registered No. *1969*
(If death occurred in Hospital or Institution, write its name instead of street and number)
Sts. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *NR Longtown Mo*
(Usual place of abode, if no street address, write county or city) St. *NR Longtown Mo*
(If non-resident, 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 23 1938*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 7 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *child*
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) (STATE OR COUNTRY) *Cape Girardeau Mo*

FATHER 13. NAME *Howard Abernathy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Perquimans Mo*

MOTHER 15. MAIDEN NAME *Norma Tidwell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Parmer Mo*

17. INFORMANT (ADDRESS) *Howard Abernathy Longtown Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *First Chapel Cemetery* DATE *May 3 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Chas Abernathy Longtown Mo*

20. FILED *J.P. Bredek* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 1 1939*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

Date of onset
Primary
Pneumonia

Other contributory causes of importance:
107a

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 _____, 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) *Alfred Perry* M.D.
(Address) *Deputy Coroner*

MAR 2 1939

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Not embalmed

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, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.