

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.

RECORDED MAY 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 120Township IIPrimary Registration District No. 3009City 165

126 So Lorimer

St. MoWard 123

2. FULL NAME

Caroline Abernathy

(a) Residence, No. 126 So LorimerSt. MoWard. 123

(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)

Widowed

5A. If married, WIDOWED, OR DIVORCED (OR) WIFE OF

John H Abernathy

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

Dec 29 1839

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

99

2

23

OCCUPATION

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

Housework

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)

Longtown

Mo

FATHER

13. NAME

John H Abernathy

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

North Carolina

MOTHER

15. MAIDEN NAME

Unknown

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

II

17. INFORMANT (ADDRESS)

S.A. Abernathy
Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lorimer Cemetery DATE March 23 1939

19. UNDERTAKER (ADDRESS)

Brinkopf Howell
Cape Girardeau Mo

20. FILED

4-1 1239 Jm. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-39, 193922. I HEREBY CERTIFY, That I attended deceased from 3/20, 1939, to 3/22, 1939I last saw him alive on 3/20, 1939 Death is saidto have occurred on the date stated above, at 5:30 a.m.

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

Septic
myocarditis

Date of onset

yrs.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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)

(Address)

M. D.

