

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

Do not use this space.

39958

PLACE OF DEATH

County Cape Girardeau
Township Rundel
City Cabersburg (No. _____) St. _____ Ward _____

Registration District No. 131
Primary Registration District No. 5182

File No. _____
Registered No. _____

2. FULL NAME

Cabersburg Abernethy

(a) Residence No. _____ St. _____ Word _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) WIFE OF Widowed
Mary Ann Matthews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
85 6 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

PARENTS

10. NAME OF FATHER Joe Abernethy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Robert Abernethy
(Address) Cape Girardeau R#1

15. FILED Dec 29 1929 Oliver J. Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1929, to Dec 14 1929, and that I last saw him alive on Dec 14 1929, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebrovascular

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Paralysis

(duration) 1 yrs. 7 mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATIVE PROCEDURE PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) O. J. Miller, M. D.
, 19 _____ (address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Indian Creek Dec 15 1929

20. UNDERTAKER ADDRESS

McDonough & Wood Co Jackson, Mo.

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.

JAN 20 1930

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