

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

Do not use this space.

38773

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 129 File No. _____
 Township Shannon Primary Registration District No. 5180 Registered No. 37
 City Osborne (No. _____) St. _____ Ward _____

2. FULL NAME Fred Abernathy
 (a) Residence. No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 26

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) Cape Gir Co

10. NAME OF FATHER Oliver Abernathy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Cape Gir Co

12. MAIDEN NAME OF MOTHER Virginia Bourghen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Pemberton Mo.

14. INFORMANT Mr. Bertha A Sides (Address) Jackson Mo. R.F.D.

15. FILED 12-22-1932 J. J. Schosser REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932, to Dec 21, 1932, that I last saw him alive on Dec 21, 1932, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver

(duration) yrs. mos. ds. 10

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds. 0

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 22

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic Examination
 (Signed) W. L. DeWitt, M. D.
 19 (Address) Jackson Mo.

*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 Jackson Creek Cemetery DATE OF BURIAL Dec 23 1932

20. UNDERTAKER Ernest W. Miller ADDRESS 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 22 1933

