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.

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 125

Township C. H. — Primary Registration District No. 5178

City Cape Girardeau (No. , Cape R.F.D. #1 St. Ward)

File No. 15949

Registered No. 116

2. FULL NAME Edgar C. Abernathy

(a) Residence, No. Cape R.F.D. #1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1868

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	3	19	

OCCUPATION

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

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) Oriole, Mo.

FATHER

13. NAME Robert Abernathy

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

MOTHER

15. MAIDEN NAME Gohn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Floy Dillingham (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE McClains Cemt. DATE April 6 19 37

19. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED 4-7 1937 J. M. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Mch. 24, 1937

I last saw h[illegible] alive on Mch. 2, 1937. Death is said to have occurred on the date stated above, at 4:20A m.

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

	Date of onset
Chronic Nephritis	

Other contributory causes of importance: —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

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) A. M. Mudgett, M. D.

(Address) Cape Girardeau, Mo.