

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

Do not use this space.

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PLACE OF DEATH

County St. Francois Registration District No. 174
Township Flat River Primary Registration District No. 6018B
City Flat River No. _____ St. _____ Ward _____

2. FULL NAME

James Balvin Abney
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Abney</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 20th 1846</u>			
7. AGE	YEARS <u>86</u>	MONTHS <u>10</u>	DAYS <u>26</u>
	If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		
	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) <u>Kentucky</u>			
FATHER	13. NAME <u>Unknown</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11 31</u>		
MOTHER	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11</u>		
17. INFORMANT <u>Mrs Martha Abney</u> (ADDRESS) <u>Flat River, Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flat River, Mo</u> DATE <u>12-5-32</u>			
19. UNDERTAKER <u>Baldwell Bros</u> (ADDRESS) <u>Flat River, Mo</u>			
20. FILED <u>Dec 30, 1932</u> <u>W J Bryan</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1932, to Dec 3, 1932.
I last saw h. l. m. alive on Nov 30, 1932. Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:
Chc. Myocarditis
Chc. Bronchitis
Other contributory causes of importance: 10 93 93 10

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam 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? no
If so, specify _____
(Signed) C. H. Appberry, M. D.
(Address) Flat River, Mo

USE OF DEATH IN plain terms, so that it may be properly classed. Do not use this space. Do not use this space. Do not use this space.

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

18-17
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois Registration District No. _____ File No. _____
Township _____ Primary Registration District No. _____ Registered No. _____
City Flat River, Mo (No. _____) St. _____ Ward _____

2. FULL NAME James Calvin Abner

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 10 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. DECEASED BY Mrs. Martha Abner
(ADDRESS) Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL Good Water, Mo. DATE 12-5 1932

19. UNDERTAKER Caldwell Bros
(ADDRESS) Flat River, Mo.

20. SIGNED W. J. Bryan REGISTRAR
DATE 30. 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

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

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

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

Date of onset _____

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) _____, M. D.

(Address) _____

CAREFULLY SUPPLIED ACCURATELY BY PHYSICIANS SHOWING
 THIS STATEMENT MAY BE PROPERLY CLASSIFIED. Exact statement of DEATH
 CERTIFICATE UNTIL THEY ARE
 CALLED FOR BY THE BOARD OF HEALTH

SUPPLEMENTARY

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