

MAY 27 1929

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

Do not use this space.

15966

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Jasper Primary Registration District No. 2002 File No. _____
City Jasper (No. _____) St. _____ Ward _____
Registered No. 160

2. FULL NAME

(a) Residence No. 2017 E 4th 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>John D. Stokes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 25 1907</u>		
7. AGE	YEARS <u>21</u>	MONTHS <u>8</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (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) <u>Joplin Mo.</u>		
10. NAME OF FATHER <u>Henry Abernethy</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
12. MAIDEN NAME OF MOTHER <u>Minnie Hale</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
14. INFORMANT <u>Maudie G. Hiles</u> (Address) <u>1722 Maple</u>		
15. FILED <u>4-8-29</u> <u>Deas</u> <u>Clay</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 3 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-3-29 to 4-3-29 that I last saw him on 4-3-29 and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis - following miscarriage -

CONTRIBUTORY (SECONDARY) 146

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. M. Balslev M. D.
4529 (Address) Joplin 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
Forest Park

DATE OF BURIAL
4-5-1929

20. UNDERTAKER
W. K. Studdell

ADDRESS
Joplin

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.

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