

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.

## PLACE OF DEATH

County Iron  
 Township Union  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

Registration District No. 390 File No. 9189  
 Primary Registration District No. 5545 Registered No. 7

## FULL NAME

Mr. Orney Abrams

[If death occurred in a hospital or institution, give its NAME instead of street and number]

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Married MARRIED Widowed WIDOWED Divorced OR DIVORCED (Write the word)

## DATE OF BIRTH

(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

## AGE

49 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

## OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

## BIRTHPLACE

(City or town, State or foreign country)

## PARENTS

## NAME OF FATHER

## BIRTHPLACE OF FATHER

(City or town, State or foreign country)

## MAIDEN NAME OF MOTHER

## BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

3-2-1912

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH

3 \_\_\_\_\_ 2 \_\_\_\_\_, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from for 5 years, 1912, to 3-2, 1912, that I last saw her alive on 3-2, 1912, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH\* was as follows:

Pulmonary-Tuberculosis

(Duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. J. Foss M. D.

3-4-1912 (Address) Dr. are the

\*State the disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence

## PLACE OF BURIAL OR REMOVAL

## DATE OF BURIAL

Abrams farm 3-3-1912

## UNDERTAKER

## ADDRESS

Proves & Stamp Dr. are the