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

36649

1. PLACE OF DEATH
County: Macon — Registration District No.: 526 — File No.:
Township: — Primary Registration District No.: 4312 — Registered No.:
City: Atlanta (No. ..., St. ..., Ward)

2. FULL NAME: Elizabeth Weatherford Attebury
(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 67 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) |
|---|---|---|
| Female | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 14 1849

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 | 4 | 2 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Monroe Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Martin Attebury
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Elizabeth Weatherford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ky

14. INFORMANT: A. M. Attebury
(Address): Atlanta Mo

15. FILED Dec 17 1919 — J M Hallbuster, REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 16 — 1919

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 19, to Dec 16, 19 19, that I last saw h... alive on Dec 15, 19 19, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fibroid and Contracted Chest
HA
65 10 (duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY): Contracted chest and Curvature of the spine (duration) Life yrs. mos. ds.

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) G. E. Ryden, M. D
, 19 (Address) Atlanta 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Cabor — DATE OF BURIAL: Dec 18 1919
20. UNDERTAKER: H M Goodding — ADDRESS: Atlanta Mo