

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

36649

1. PLACE OF DEATH

County Macon Registration District No. 326 File No. _____
Towship _____ Primary Registration District No. 4312 Registered No. _____
City Atlanta (No. _____ St. _____ Ward _____)

2. FULL NAME

Elizabeth Weatherford Atterberry
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 14 - 1849</u>		
7. AGE <u>70</u>	YEARS <u>4</u>	MONTHS <u>2</u>
		DAYS <u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Keeping</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

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

PARENTS	10. NAME OF FATHER <u>Martine Atterberry</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ky</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Weatherford</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ky</u> (STATE OR COUNTRY)

14. INFORMANT A. M. Atterberry
(Address) Atlanta Ga

15. FILED Dec 17 1915 J. M. Halliburton
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, 1919, to Dec 16, 1919, that I last saw him alive on Dec 15, 1919, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberc and Contracted chest
IIA
65 (duration) yrs. mos. 10 ds.

CONTRIBUTORY Contracted chest and curvature of the spine (SECONDARY) (duration) 7 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. H. Ryden, M. D.
, 19 (Address) Atlanta Ga

*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 Labor DATE OF BURIAL Dec 18 1919

20. UNDERTAKER H. M. Goodding ADDRESS Atlanta Ga

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.

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part of the document is a list of names and addresses of the members of the committee.

3. The third part of the document is a list of names and addresses of the members of the committee.

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