

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

Do not use this space.

9847

1. PLACE OF DEATH

County Mississippi Registration District No. 566 File No. _____
 Township Franklin Primary Registration District No. 3030 Registered No. 19
 City Charleston (In _____ St. _____ Ward _____)

2. FULL NAME

Felix Waldy Atteberry
 (a) Residence. No. _____ Ward. _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred 5 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 5th, 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
10 | 5 | 1

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

9. BIRTHPLACE (CITY OR TOWN) Phyllisville
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER W. P. Atteberry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) The Pool
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Hattie Pearl Wade

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) The Pool
 (STATE OR COUNTRY) _____

14. INFORMANT W. P. Atteberry
 (Address) Charleston, Mo.

15. FILED 3-12-28 1928 F. S. Vernon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-11 1928 6:30 A.M.

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928 to 3/11, 1928
 (that I last saw him alive on 2/27, 1928, and that death occurred, on the date stated above, at 6:30 a m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
edema of lungs
78 (duration) yrs. mos. 1 ds.
 CONTRIBUTORY (SECONDARY) Epilepsy
 (duration) 10 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) W. S. Love M. D.
3/12, 1928 (Address) Charleston 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 J. O. F. DATE OF BURIAL 3-12 1928

20. UNDERTAKER Laird and Co. ADDRESS Charleston

X. 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.

R 25 1928

Dr. J. P. Jones