

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.

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No. 26078
Registered No. 114
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29-1928
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marshall
(STATE OR COUNTRY) Mo

10. NAME OF FATHER E. P. Atterberry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshall Co.
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Rosie Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marshall
(STATE OR COUNTRY) Mo

14. INFORMANT E. P. Atterberry
(Address) Marshall Mo

15. FILED 7-30-28 Mrs. John H. McQuinn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1928
17. I HEREBY CERTIFY That I attended deceased from July 18 to July 19 1928
that I last saw her alive on July 18 1928 and that death occurred, on the date stated above, at Marshall Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Messle 7
Pneumonia 5
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DATE OF.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) Dr. J. H. McQuinn, M. D.
1/20, 1928 (Address) Marshall 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 Mission Ridge Cemetery DATE OF BURIAL July 21 1928
20. UNDERTAKER T. W. Campbell ADDRESS Marshall

