

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

32765

1. PLACE OF DEATH
Buchanan

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. 1160

City St. Joseph, (No. 2105 1/2 South 11th) St. Ward

2. FULL NAME Virgil Attebury Jr.,

(a) Residence No. 2105 1/2 So. 11th, St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 yrs. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 5th. 1928.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 8

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph, Missouri, (STATE OR COUNTRY)

10. NAME OF FATHER Virgil Attebury,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Easton, Missouri, (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Opal Taylor, Oct. 5, 1928 (Address) Amazonia, Missouri, (STATE OR COUNTRY)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Amazonia, Missouri, (STATE OR COUNTRY)

14. INFORMANT Virgil Attebury (Address) 2105 1/2 South 11th Street, St. Joseph, Mo.

15. FILED 6 1928 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 5, 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

that I last saw him alive on 19....., and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159

Premature birth

CONTRIBUTORY (SECONDARY) 161A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Kerai Beck, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL via auto Amazonia, Missouri, DATE OF BURIAL Oct. 6th 1928

20. UNDERTAKER Heaton B. Hale & Downer 319 S. 10 ST. Address

General Home

