

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

Do not use this space.

14021

1. PLACE OF DEATH
County Caldwell Registration District No. 94 File No. _____
Township _____ Primary Registration District No. 4056 Registered No. 8
City Breckenridge St. _____ Ward _____

2. FULL NAME Melda Therisa 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 56 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

15. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1929

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

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1929, to April 23, 1929 that I last saw her alive on April 23, 1929, and that death occurred, on the date stated above, at 4:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28, 1873

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 1 26

Intestinal Influenza
11/2 (duration) yrs. mos. 3 wks

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

CONTRIBUTORY (SECONDARY) 11/2 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death

10. NAME OF FATHER Washington Bennett

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

19. WAS THERE AN AUTOPSY? No.

12. MAIDEN NAME OF MOTHER Abbie Early

WHAT TEST CONFIRMED DIAGNOSIS Influenza + Supplement
(Signed) A. R. Wilsey, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

Am 25, 1929 (Address) Breckenridge 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.

14. INFORMANT Amy Atterberry
(Address) Breckenridge Mo.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL Prosper Cemetery DATE OF BURIAL APR 25 1929

15. FILED 4-25-29 E. A. Thompson REGISTRAR

21. UNDERTAKER T. J. McLean Breckenridge Mo.

Statement of OCCUPATION is very important. See instructions on page 1. Statement of OCCUPATION is very important. See instructions on page 1.

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