

WRITE PLAINLY, WITH UNFADING INK

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.

22342

1. PLACE OF DEATH

County Randolph  
Township Huntsville  
City Huntsville (No. ....)

Registration District No. 733  
Primary Registration District No. 4438

File No. ....  
Registered No. 27  
St. .... Ward)

2. FULL NAME

Emberts Attebury

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

Elizah Attebury

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26, 1889

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.  
39 9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chariton county  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Ruben Dameron

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

12. MAIDEN NAME OF MOTHER Sarah Dameron

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard Co  
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Sarah Dameron  
(Address) Pravie Hill Mo.

15. July 22, 1929 54 Bragg  
FILED REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1929

17. I HEREBY CERTIFY That I attended deceased from June 1st 1929 to June 7 1929  
that I last saw her alive on June 7 1929, and that death occurred, on the date stated above, at 3.00 PM

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

131 Apoplexy  
1891  
1891 (duration) yrs. mos. ds.

CONTRIBUTORY Uremia + Chy. Intestinal  
(SECONDARY) nephritis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) H. C. Griffith M. D.

, 19 (Address) Huntsville 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 DATE OF BURIAL

Huntsville cemetery June 9 1929

20. UNDERTAKER Andrew Minor - Huntsville Mo

