

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

Do not use this space.

2504

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Maramec Primary Registration District No. 6032
 City..... (No.)..... St. Ward)

File No.....
 Registered No. 539

2. FULL NAME George Atwell

(a) Residence. No. Centaur No. R-22 St. Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louisa Atwell</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 26-1849</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>81 1/2</u>	<u>0</u>	<u>0</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Retired farmer</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>own farm</u>				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) Brooklyn
 (STATE OR COUNTRY) N. Y.

PARENTS	10. NAME OF FATHER <u>John B. Atwell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland.</u>
	12. MAIDEN NAME OF MOTHER <u>Eliza Baggot</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	

14. INFORMANT Carrie Does
 (Address) Ballwin Mo.

15. FILED 2/9 19 30 P. E. Darnett
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26-1930
 17. I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1930, to Jan 26th, 1930, that I last saw him alive on Jan 25th, 1930, and that death occurred, on the date stated above, at 10.20 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82A
 (duration) yrs. mos. 3 ds.
 CONTRIBUTORY (SECONDARY) Mal
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 19. DID AN OPERATION PRECEDE DEATH? No DATE OF -
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Russell H. Thompson, M. D.
Jan 29, 1930 (Address) Route 13 Kirkwood 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 Bethel Cemetery DATE OF BURIAL Jan 29-1930
Pond, Mo. ADDRESS Ballwin Mo.
 20. UNDERTAKER Schraden Ind. Co.

