

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.

SEP 25 1930

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

Do not use this space.

27241

1. PLACE OF DEATH  
 County... Linn Registration District No. 508  
 Township... Chillicothe Primary Registration District No. 3026  
 City... Chillicothe (No. ....) St. .... Ward) (If nonresident give city or town and State)

2. FULL NAME... Addie Reed Atwell  
 (a) Residence. No. 1008 Locust St., 19 Ward. (If nonresident give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (write the name of HUSBAND OR (OR) WIFE OF) John Atwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-16-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>—</u>	<u>20</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Orono  
 (STATE OR COUNTRY) Maine

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know  
 (STATE OR COUNTRY)

14. INFORMANT Grace Atwell  
 (Address) Chillicothe Mo

15. FILED 8/7 1930 Reuben Barney  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-6-1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 5 1930 to Aug 6 1930  
 that I last saw him alive on Aug 5 1930, and that death occurred, on the date stated above, at 14 30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Intermittent Influenza  
IB 162  
IB 162 (duration) yrs. mos. 3 da.  
 CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: no  
 DID AN OPERATION PRECEDE DEATH? no DATE OF  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) R. W. Bannerman, M. D.  
8/6 1930 (Address) Chillicothe 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 Edgewood Cemt DATE OF BURIAL 8-7 1930

20. UNDERTAKER F. B. Norman ADDRESS Chillicothe Mo

