

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.

1. PLACE OF DEATH

County Pettis
Township Madison
City Madison (No. Dep. Hosp.)

Registration District No. 668
Primary Registration District No. 3032

File No. 27521
Registered No. 210
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Madison Mo. 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. 4 ds. 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) Feb 11, 1911

7. AGE 19 YEARS 6 MONTHS 9 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Madison, Mo. (STATE OR COUNTRY)

10. NAME OF FATHER N.B. Atterbury
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Agnes Royer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison (STATE OR COUNTRY) Missouri

14. INFORMANT Chester Atterbury (Address) Madison Mo.

15. FILED 8-21-30 J.H. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20, 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1930, to Aug 20, 1930, that I last saw him alive on Aug 20, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Peritonitis
130
95B (duration) _____ yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Acute Dehydration of Heart (duration) _____ yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED Madison Mo

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Spec. & urine exam

(Signed) W.H. Beatty, M. D. , 19 _____ (Address) Madison 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 _____

20. UNDERTAKER W. H. Beatty ADDRESS 825, 1930

W. H. Beatty Madison Mo

