

MAR 24 1931

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

Do not use this space.

5181
109

1. PLACE OF DEATH

County Green Registration District No. 318 File No. 5181
Township Beulah Precinct Registration District No. 2501 Registered No. 109
City Springfield (No. Springfield B) Hospital Ward Ward

2. FULL NAME

Elna C. Attebery
(a) Residence No. _____ St. _____ Ward. Charity, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ward Attebery

7. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 - 1907

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
23 7 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 245
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Winfield
(STATE OR COUNTRY) Kans

10. NAME OF FATHER James A. Bryan

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

12. MAIDEN NAME OF MOTHER Eva Fry

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

14. INFORMANT Eva Bryan
(Address) Beulah

15. FILED 28 1931 For Sharp REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1931, to Feb 8, 1931, that I last saw her alive on Feb 7, 1931, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pregnancy - parturition
1430 (Forceps - delivery - labor 3 days)
1430
1430 (duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) Pertussis
(duration) yrs. mos. very da.

18. WHERE WAS DISEASE CONTRACTED 1450
IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Guy Hallaway, M. D.
2-8, 1931 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cemetery DATE OF BURIAL 2-10-31

20. UNDERTAKER Windsfield ADDRESS Beulah
L. Bryan

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.

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