

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.

MAY 2 1 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Boonville
 Township Boonville
 City Pleasant Hill (No. 167)

Registration District No. 5227
 Primary Registration District No. 5227

File No. 13468
 Registered No. 13468
 St. Boonville Ward 1

2. FULL NAME

(a) Residence, No. Boonville St. Boonville Ward 1
 (Usual place of abode)

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 <u>Female</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>T. E. Atterbury</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17 1890</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>4</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Maude Becker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Maude Rafferty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) T. E. Atterbury

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE April 19 1931

19. UNDERTAKER (ADDRESS) W. W. Wilson

20. FILED April 20 1931 P. B. Bury Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18 1931

22. I HEREBY CERTIFY, That I attended deceased from April 9 1931 to Apr 18 1931
 I last saw him alive on Apr 17 1931 Death is said to have occurred on the date stated above, at 1:00 pm

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Lower and middle Right
Lung and Lower Lobe
Left Lung
Apr 7

Other contributory causes of importance:

Name of operation 108 Date of Apr 7
 What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury No

Where did injury occur? No
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
 Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) C. E. Courad M. D.
 (Address) Pleasant Hill Mo

