

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

Do not use this space.

1. PLACE OF DEATH

County Ross Registration District No. 502 File No. 18575
 Township _____ Primary Registration District No. 4305 Registered No. 22
 City Marceline (No. _____) St. _____ Ward _____

2. FULL NAME

William Henry Atwell

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lavona Minnich Atwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 1854

7. AGE YEARS 76 MONTHS 8 DAYS 25 If LESS than 7 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Roussville Ky

13. NAME James Atwell

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

15. MAIDEN NAME Caroline Hooch

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

17. INFORMANT Mrs J A Nicholson (ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE My Elmet DATE May 28 31

19. UNDERTAKER Gas M Laughlin (ADDRESS) Marceline Mo

20. FILED 5028 1934 Atwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 26, 1931.

I last saw him alive on May 25, 1931. Death is said to have occurred on the date stated above, at 3 Pm.

The principal cause of death and related causes of importance were as follows:
acute dilatation of heart Date of onset _____

Other contributory causes of importance:
95B 95B 1

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

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

(Signed) Atwell, M. D.
 (Address) Marceline Mo

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.

JUN 27 1931

