

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

Do not use this space.

22038

22038

1. PLACE OF DEATH

County Livingston

Registration District No. 508

File No. _____

Township _____

Primary Registration District No. 3026

Registered No. 65

City Chillicothe (No. _____)

St. _____ Ward _____

2. FULL NAME Grace Martin 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF _____

22. HEREBY CERTIFY that I attended deceased from June 10 1931 to June 10 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1898

I last saw h. ex. alive on June 10, 1931. Death is said to have occurred on the date stated above, at 6 o'clock a. m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 32 MONTHS 11 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Internal hemorrhage as result of pistol wound of chest self inflicted suicide

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

Other contributory causes of importance: 167 167 103B

10. Date deceased last worked at this occupation (month and year) May 1929 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Missouri

13. NAME John Atwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orono Missouri

15. MAIDEN NAME Addie Read

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orono Missouri

17. INFORMANT E. J. Atwell (ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 6-12-31

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe, Mo.

20. FILED 6/12/31 1931 Ruben Barney Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Physic. report Were an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 6/10, 1931

Where did injury occur? Chillicothe, Mo. (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury self inflicted Nature of injury gun shot wound of chest

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

(Signed) M. J. Russell, M. D. (Address) Chillicothe, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 25 1931

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