

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

Do not use this space.

38189

1. PLACE OF DEATH

County Lewis
Township _____
City La Grange (No. _____, _____ St. _____ Ward _____)

Registration District No. 480
Primary Registration District No. 4289

File No. _____
Registered No. 21

2. FULL NAME Martha Atteberry

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 16th 1844</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>2</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. Housewife
	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) Lawrence County
(STATE OR COUNTRY) Ind.

13. NAME Esaw Speer

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

15. MAIDEN NAME Pathena Reynolds

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

17. INFORMANT J.W. Atteberry
(ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Grange DATE Nov 19th 1931

19. UNDERTAKER A.A. Roberts
(ADDRESS) La Grange, Mo.

20. FILED Nov 19, 1931 W.S. Elkey
Rept. by _____

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 16th 1931, to Nov 17th 1931
I last saw her alive on Nov 16th 1931. Death is said to have occurred on the date stated above, at 4 A. M.
The principal cause of death and related causes of importance were as follows:

Acute Indigestion
930 930
118C
Other contributory causes of importance:
Myocardial Insufficiency

7 Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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 _____, 19____
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) Dr. L. E. Carr, M. D.
(Address) La Grange Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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