

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

Do not use this space.

9280

File No. _____
Registered No. _____ St. _____ Ward _____

1. PLACE OF DEATH

66 County Muller
Township Richwoods
City Hancock (No. _____)

Registration District No. 562
Primary Registration District No. 5757

2. FULL NAME

William 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Rowland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17-1848
7. AGE YEARS 83 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

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

FATHER 13. NAME Johny Atwell

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Everett Atwell
Soria, Mo.

18. BURIAL, CREMATION, OR REMOVAL Union
PLACE Soria DATE 3/25/32

19. UNDERTAKER (ADDRESS) E. F. Goss
Soria, Mo.

20. FILED Apr 7, 19 32 W. H. von Grunp
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/32

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, Mar 24, 1932
I last saw him alive on Feb. 10, 1932 Death is said to have occurred on the date stated above, at 6:30 pm.

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

Valvular Disease of Heart,
Died Very suddenly
9:2 A

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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?

If so, specify _____

(Signed) W. H. von Grunp, M. D.

(Address) Soria Mo.

APR 28 1932
N. B.—Every item of information should be carefully verified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

