

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

Do not use this space.

13180

1. PLACE OF DEATH

County Wacon
Township Walnut
City Edmore (No.)

Registration District No. 530
Primary Registration District No. 5707

File No.
Registered No.
St. Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 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 Mrs. Susan Atteberry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 8 20 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Section laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Gen Work
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) mo

10. NAME OF FATHER William Atteberry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Syntha Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) 31

14. INFORMANT Mrs. Susan Atteberry
(Address) Edmore

15. FILED 4-9-32 Theresa C. Hays REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1932

17. I HEREBY CERTIFY, That I attended deceased from 30 mo 1932 to 1 6 April 1932
that I last saw him alive on April 6 1932, and that death occurred, on the date stated above, at 10 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Flu Pneumonia

CONTRIBUTORY (SECONDARY) 1/10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
3 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS
4-9-32 Dr. W. G. Smith M. D.
(Signed) Edmore (Address) Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Edmore Cemetery April 8 1932

20. UNDERTAKER ADDRESS
S. L. McDavitt Edmore Mo

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

APR 28 1932

