

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.

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

Do not use this space.

40775

70  
6

3

2

1

1. PLACE OF DEATH

County Montgomery  
Township Barren  
City New Florence (No. 4351)

Registration District No. 593

Primary Registration District No. 4351

File No. 92

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME

Mrs. Mary Ellen Atterbury

(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 80 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

H. J. Atterbury

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

July 24, 1851

7. AGE

81

5

7

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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.

Housekeeper

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)

New Florence, Mo.

FATHER

13. NAME

Leah Anderson

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

Virginia, 2

MOTHER

15. MAIDEN NAME

Leah Pinkney

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

Missouri

17. INFORMANT (ADDRESS)

Oscar Atterbury, New Florence, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Anderson Cemetery

DATE

11/1/33

19.

19. UNDERTAKER (ADDRESS)

E. B. Brush, New Florence, Mo.

20. FILED

11/10

1933

James O. Helm M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932, to Dec 31, 1932

I last saw her alive on Dec. 26th, 1932 Death is said to have occurred on the date stated above, at 1.00 m.

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

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Arterio-Sclerosis.

Name of operation None

Date of XXXXX

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? No Date of injury XXXXXX XXXXXX

Where did injury occur? XXXXXXXXXXXXXXXXXX (Specify city or town, county, and State)

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

XXXXXXXXXXXXXXXXXXXX

Manner of injury XXXXXXXXXXXXXXXXXXXX

Nature of injury XXXXXXXXXXXXXXXXXXXX

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify XXXXXXXXXXXXXXXXXXXX

(Signed) Douglas Thall M.D.

(Address) New Florence, Mo.

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