

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

Do not use this space.

2769

MAR 3 1933

1. PLACE OF DEATH

County Ontario Co.
Township Rensselaer
City No.

Registration District No. 714
Primary Registration District No. 5944

File No. 2
Registered No. 9
St. Ward

2. FULL NAME

Mary Golda Atterberry
(a) Residence. No. St. Ward
(Usual place of abode)
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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marian Atterberry

7. DATE OF BIRTH (MONTH, DAY AND YEAR) 1889 July 14

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 6 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework
(c) Name of employer

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

Rock Bridge
Mo.
10. NAME OF FATHER John Koch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Marian Atterberry
(Address) Bloodland, Mo.

15. FILED 2-4-1933 S. G. Koonce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29 - 1933

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1932, to Jan 29, 1933 that I last saw him alive on Jan 25, 1933, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary T. B.
and Carcinoma of Uterus

(duration) yrs. mos. ds. 2 3

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 2 3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at Rockwell

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) C. G. I. Bellot M. D.

1/30, 1933 (Address) Wraymouth

*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 Rockwell cemetery DATE OF BURIAL 1-30-1933

20. UNDERTAKER M. J. Atterberry ADDRESS Bloodland

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

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.

