

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.

SEP 26 1933

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

Do not use this space.

17191A

1. PLACE OF DEATH

County

Township

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

2. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF— <i>Thomas J. Atwell</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>4-10-1852</i>		
7. AGE <i>81</i>	YEARS <i>1</i>	MONTHS <i>11</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Newspaper</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>		
13. NAME <i>John Willis</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>		
15. MAIDEN NAME <i>Mary R Mc Intosh</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>		
17. INFORMANT (ADDRESS) <i>Richard Atwell</i> <i>Merica mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Freeborn</i> DATE <i>5/16 33</i>		
19. UNDERTAKER (ADDRESS) <i>Fred H Gilburn</i> <i>Sixon mo</i>		
20. FILED <i>Aug 8 1933</i> <i>Mr. W. J. J. J. J.</i> Registrar		

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/14* . 19 *33*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 1* 19 *33*, to *May 14* 19 *33*
Last saw him or her alive on *May 14* 19 *33* Death is said to have occurred on the date stated above, at *6 P.* m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
(apoplexy)
of the
left
side
of the
brain
Other contributory causes of importance:
High blood pressure
Epilepsy
Date of onset *1928*

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? *No*
If so, specify.....
(Signed) *W. A. J. J. J.* , M. D.
(Address) *Iberia, Mo. (deceased)*
by L. M. J. J. J. , M. D.
Co. Health Officer

