

AUG 26 1933

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

Do not use this space.

23701

1. PLACE OF DEATH

61 County Macou
Township Loda
City Atlanta Mo.

Registration District No. 528
Primary Registration District No. 5700

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

2. FULL NAME

Bill Atterberry

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred 74 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Seamon Atterberry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9-1859
7. AGE YEARS 74 MONTHS 2 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.
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.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

OCCUPATION

Housewife

12. BIRTHPLACE (CITY OR TOWN) Macou Co Mo
(STATE OR COUNTRY)

13. NAME Joseph Ayers

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

15. MAIDEN NAME Lattie Shelton

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

17. INFORMANT Seamon Atterberry
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Plata DATE July 4-1933

19. UNDERTAKER H. M. Gooding
(ADDRESS) Atlanta Mo

20. FILED Aug 6 19. 33 A. E. Carroll
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1933

22. I HEREBY CERTIFY That I attended deceased from June 6- 1932, to July 2- 1933

I last saw him alive on June 6- 1933 Death is said

to have occurred on the date stated above, at 9 a.m.

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

Cerebral thrombosis

Date of onset

Other contributory causes of importance:
Hypertension

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) A. E. Carroll M. D.

(Address) Atlanta Mo

