

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.

FEB 27 1934
87

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

Do not use this space.

1. PLACE OF DEATH

County Ralls Registration District No. 912
 Townshp Jasper Primary Registration District No. 5960 B
 City _____ No. _____ St. _____ Ward _____

File No. 2229
 Registered No. 2

2. FULL NAME

Dudley Hambrick Athey

(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

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lelitha Anna Athey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1849
 7. AGE YEARS 84 MONTHS 7 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lepre Hauts Ind.

MOTHER 13. NAME H. G. Athey

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

15. MAIDEN NAME Sarah A. Worley

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

17. INFORMANT (ADDRESS) Mr. E. A. Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Farber Mo. DATE Feb. 2, 1934

19. UNDERTAKER (ADDRESS) W. S. Staters
Vandalia Mo.

20. FILED Feb 2 1934 Mallie Ingham
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 P.M. Jan. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jasper St. James, 1934, to Jasper, 1934.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Apoplexy
CHF
CHF

Other contributory causes of importance:
This patient was ever seen by me but was consulted on various occasions regarding his condition

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) H. H. Baird, M. D.
 (Address) Vandalia Mo.

