

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DallingerRegistration District No. 69Township WaynePrimary Registration District No. 5108City Wayne(No. 5108)St. Wayne Ward 1File No. 33910Registered No. 33910

2. FULL NAME

(a) Residence, No. Bahra Emilina Athernathy St. Wayne Ward 1

(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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joel A. Athernathy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1848

7. AGE YEARS 85 MONTHS 10 DAYS 1 If LESS than 1 day, hrs. or min.

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

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) Mo.13. NAME Thomas Eaker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Phoebe, don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know17. INFORMANT Adex Anna Cats18. BURIAL, CREMATION, OR REMOVAL PLACE Athernathy DATE 2-11-193419. UNDERTAKER Arthur Rowe20. FILED 2-71- 1934 A. T. Kirkpatrick Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-193422. HEREBY CERTIFY, That I attended deceased from Jan 1930 to 2-10-1934I last saw him alive on 2-1-1934 Death is saidto have occurred on the date stated above, at m.

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

Chronic Organic heart dis-
ease

Other contributory causes of importance: 5102

Name of operation 5102 Date of 2-10-1934What test confirmed diagnosis? 5102 Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 5102 Date of injury 2-10-1934Where did injury occur? 5102

(Specify city or town, county, and State)

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

Manner of injury 5102Nature of injury 510224. Was disease or injury in any way related to occupation of deceased? 5102If so, specify 5102(Signed) 5102 M. D.(Address) 5102

RECEIVED
JAN 10 1964
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N. E. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Bollinger
Township Wayne
City Ballinger (No. 69)

Registration District No. 69
Primary Registration District No. 5108

File No. 3910
Registered No. 3910 St. Ballinger Ward 1

2. FULL NAME

(a) Residence, No. Ballinger St. Ballinger Ward 1
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS 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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 2-11 1934 A. T. Kirkpatrick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1934

22. I HEREBY CERTIFY, That I attended deceased from

to, 19

I last saw him 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:

Chronic Organic heart disease Date of onset

Other contributory of importance:

1934

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. T. Kirkpatrick M. D.

(Address) Ballinger

S-391D