

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

Do not use this space.
24133 Mary
Dr. Atherton
File No. Atherton 364
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2091
City Springfield Mo. 511 Nichols

2. FULL NAME

(a) Residence, No. Colonial Hotel 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 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 Andrew (Dec.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Arlington Va

13. NAME John Subs

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

15. MAIDEN NAME Elizabeth Ann King

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

17. INFORMANT Mrs. Helen Cline
(ADDRESS) 125 1/2 W. 13th

18. BURIAL CREMATION, OR REMOVAL PLACE Maple Park DATE 1934

19. UNDERTAKER (ADDRESS) Anna Johmeyer None
Springfield Mo.

20. FILED 7-25-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 - 1934

I HEREBY CERTIFY, That I attended deceased from 7-6, 1934, to 7-24, 1934

I last saw him alive on 7-24, 1934 Death is said

to have occurred on the date stated above, at 8:45 P.M.

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

Acute Dilatation of Heart with myocardial insufficiency
730

Date of onset 7-24-34

Other contributory causes of importance: Heat, Prostration with Hypertension
101

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical & physical 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) Mary Ann Atherton, M. D.

(Address) 4325 4th Medical Center Bldg

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.

AUG 8 1934

