

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 13 1934

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

Do not use this space.

31652

1. PLACE OF DEATH

County *Shelby*

Township *Patton*

City *Shelbyville* (No. *001*)

Registration District No. *830*

Primary Registration District No. *001*

File No.

Registered No.

St. Ward

2. FULL NAME

(a) Residence, No. *Mary Alice Atchison*  
(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

3. SEX

*Female*

4. COLOR OR RACE

*Black*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*

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

*Henry Atchison*

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

*May 1 - 1863*

7. AGE

*69*

YEARS

MONTHS

*2*

DAYS

*5*

If LESS than 1 day, hrs. or min.

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

*House Wife*

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

*Tom Major*

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

*Mo.*

15. MAIDEN NAME

*Not known*

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

*Not known*

17. INFORMANT (ADDRESS)

*James C. Peters 3156 Michigan, Chicago*

18. BURIAL, CREMATION OR REMOVAL

PLACE *Shelbyville Mo* DATE *Aug 12 1934*

19. UNDERTAKER (ADDRESS)

*J. B. Brothers Bethel - Mo*

20. FILED

19

Registrar

2. MEDICAL CERTIFICATE OF DEATH

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

*8-10-34*

I HEREBY CERTIFY, That I attended deceased from

*8-7-34*, 19, to *8-10-34*, 19

I last saw him alive on *8-10-34*, 19. Death is said

to have occurred on the date stated above, at *7 P* m.

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

*Cerebral Hemorrhage. 8-8-34*

Other contributory causes of importance:

*Arteriosclerosis*

Name of operation

Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

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

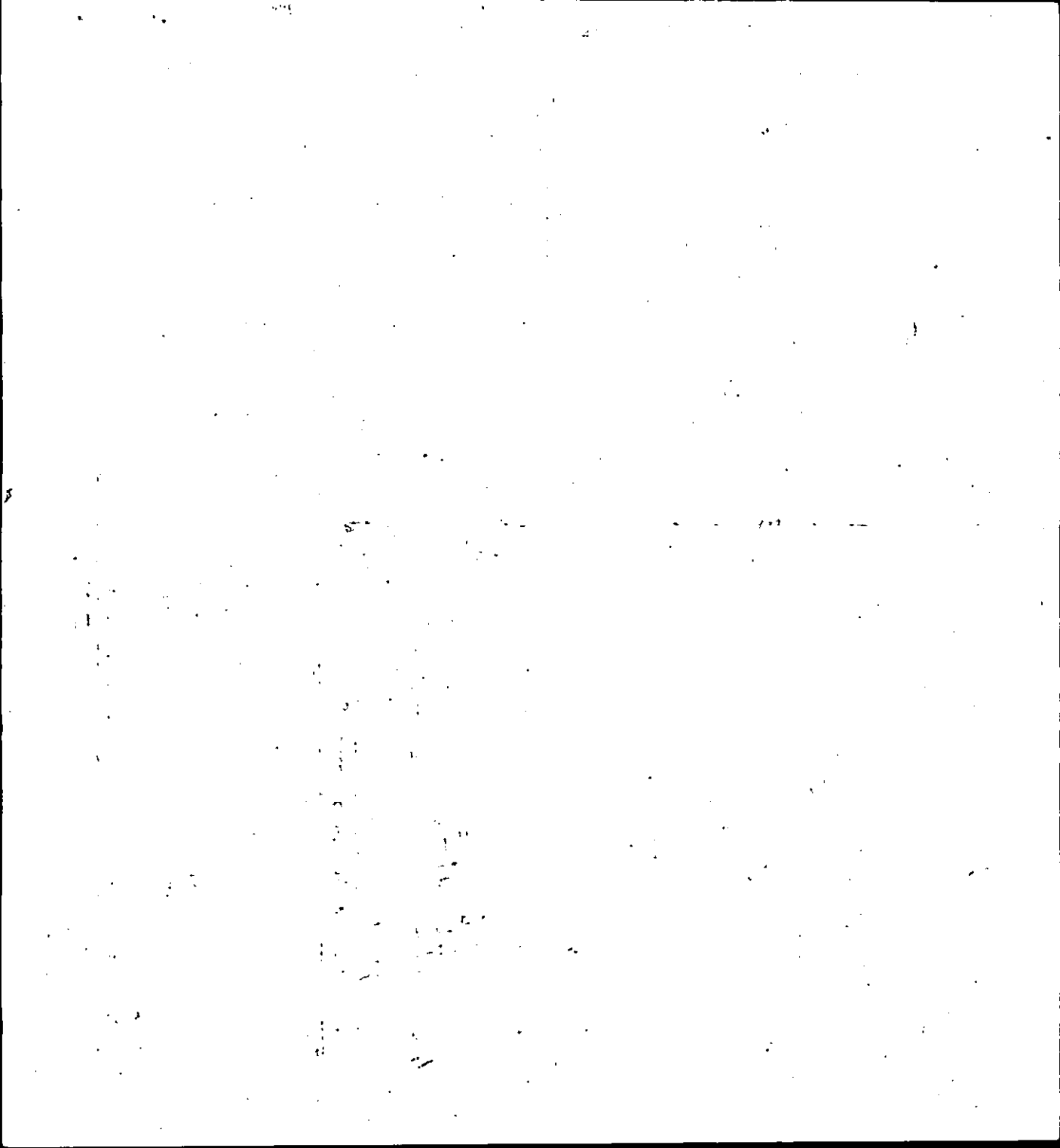
24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed)

(Address)

*A. M. Wood*  
*Shelbyville Mo.* M. D.



# 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 Shelby  
Township Shelby  
City Shelby (No. 830)

Registration District No. 830  
Primary Registration District No. 6091

File No. 37  
Registered No. 37 Ward 37

## 2. FULL NAME

(a) Residence, No. Mary Alice Atchison St. Shelby Ward. 37  
(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 B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Alice Atchison (OR) WIFE OF Henry Atchison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1-1865

7. AGE YEARS 69 MONTHS 2 DAYS 8 If LESS than 1 day, hrs. min.

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

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 Tom Major

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

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) James C. Butler

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby Mo DATE Aug 12 1934

19. UNDERTAKER (ADDRESS) J. B. Butler

20. FILED Sept 26 1934 Mrs. R. H. Wailes Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8/17 to 8/10 1934

I last saw her alive on 8/10 1934 Death is said to have occurred on the date stated above, at 7 P m.

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

Heart failure  
Renal failure  
Arteriosclerosis  
Date of onset

Other contributory causes of importance:

Name of operation None Date of no  
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no

(Signed) A. M. Wood M. D.  
(Address) Shelby Mo

31652