

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

Do not use this space.

**FEB 18 1935**

22

**1. PLACE OF DEATH**

County Adair  
Township Pettis  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 4  
Primary Registration District No. 5007

File No. \_\_\_\_\_  
Registered No. 13  
Ward \_\_\_\_\_

**2. FULL NAME**

Jane Attebery  
(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Preston Attebery</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4 1867</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>	DAYS <u>21</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>			
	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) <u>Adair Co Mo.</u>				
FATHER	13. NAME <u>William Pichep</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Ruth Kelline</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT <u>Mrs Emory Jones</u> (ADDRESS) <u>Springer Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stueber</u> DATE <u>Jan 28 1935</u>				
19. UNDERTAKER <u>D. Christie</u> (ADDRESS) <u>Callahan Mo</u>				
20. FILED <u>Jan 26 1935</u> <u>Spencer Freeman</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937, to Jan 25 1935  
I last saw her alive on 12 26 1934, 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Pericarditis (Leukemia) Date of onset 1930

Other contributory causes of importance:  
Leukemia (Leukemia) 12200

Name of operation myx 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? no 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.  
St Paul District & Co  
Manner of injury fall  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. J. Foraker, M. D.  
(Address) Callahan Mo

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.

