

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DeKalb
 Township Washington
 City Stewartsville (No.)

Registration District No. 261Primary Registration District No. 4160

File No.

Registered No. 2

St. Ward)

2. FULL NAME Francis Seigel Attebery

(a) Residence, No. St. Ward 1st
 (Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? * yrs. * mos. * ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Husband of L. May Attebery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 12, 1862</u>		
7. AGE <u>72</u>	YEARS <u>5</u>	MONTHS <u>8</u>
DAYS <u>4</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>Janitor</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School Bldg. & Lodge Hall</u>
	10. Date deceased last worked at this occupation (month and year) <u>March, 1931</u>
	11. Total time (years) spent in this occupation <u>16 yrs.</u>

12. BIRTHPLACE (CITY OR TOWN) <u>Near Clarksdale</u> (STATE OR COUNTRY) <u>Missouri</u>
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13. NAME <u>Shelton Attebery</u> (?)

14. BIRTHPLACE (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)

15. MAIDEN NAME <u>Mary Ratliff Porter</u>
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16. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)

17. INFORMANT <u>L. May Attebery</u> (ADDRESS) <u>Stewartsville, Missouri</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stewartsville</u> DATE <u>Jan 22, 1935</u>
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19. UNDERTAKER <u>J. E. ...</u> (ADDRESS) <u>Stewartsville, Mo.</u>
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20. FILED <u>Jan 21, 1935</u> <u>L. E. ...</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 193522. I HEREBY CERTIFY, That I attended deceased from June 18, 1922 to June 20, 1935Last saw him alive on Jan 19, 1935 Death is saidto have occurred on the date stated above, at 4:45 A.M.

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

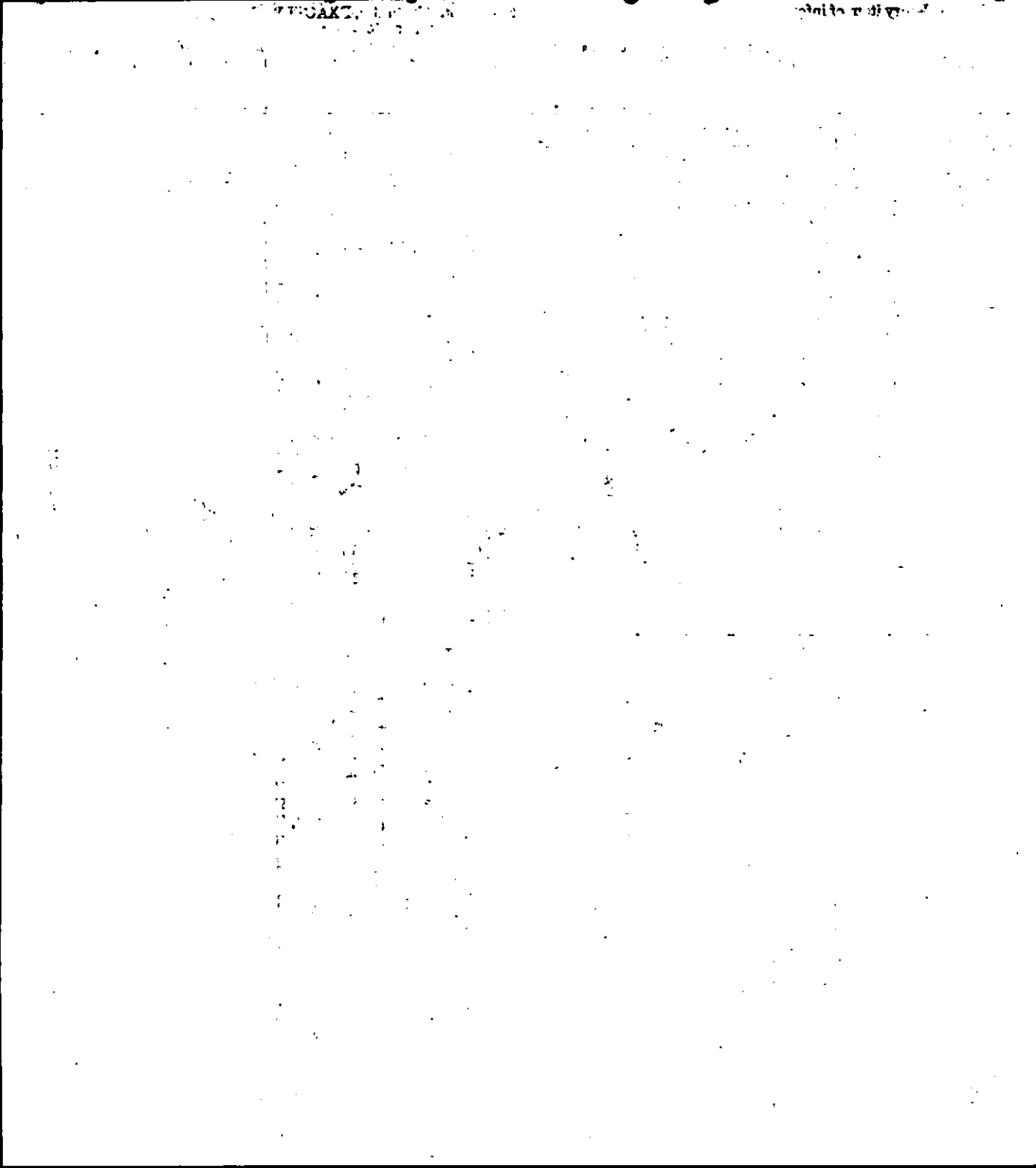
metastatic nephritisDate of onset Jan 19, 1935

Other contributory causes of importance:

hypertensionarteriosclerosisName of operation none Date of XWhat test confirmed diagnosis? clinical Was there an autopsy? X

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

Accident, suicide, or homicide? X Date of injury X, 19...Where did injury occur? X (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. XManner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? noIf so, specify J. E. ...(Signed) Stewartsville Mo M. D.(Address) Stewartsville Mo



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County De Kalb
Township _____
City _____ (No. _____)

Registration District No. 261
Primary Registration District No. 4160

File No. _____
Registered No. 2 St. _____ Ward _____

2. FULL NAME

Francis Beigel Attebery

(a) Residence, No. _____ St. _____ Ward _____
(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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.
72 5 8

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 1-91 1935 J. E. Saunders Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____, 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:

metastatic
neoplasm
chronic

Date of onset

Other contributory causes of importance:

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) _____, M. D.

(Address) _____

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW."

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MAR 29 1935