

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.

NOV 26 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33676

1. PLACE OF DEATH

County Polk
 Township Pring
 City Pring (No.)

Registration District No. 714
 Primary Registration District No. 5943

File No. 3A
 Registered No. 12 St. Ward

2. FULL NAME

(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>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>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-7th 1884</u>		
7. AGE <u>51</u>	YEARS <u>51</u>	MONTHS <u>-</u>
	DAYS <u>16</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u>1933</u>
	11. Total time (years) spent in this occupation <u>16</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Polk Co. Mo.</u>
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13. NAME <u>Frank M. Atterbury</u>

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

15. MAIDEN NAME <u>Helen J. Logan</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>

17. INFORMANT (ADDRESS) <u>W. J. Atterbury</u>
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18. BURIAL, CREMATION, OR REMOVAL

PLACE Rockwell Am. DATE 10/24 1935

19. UNDERTAKER (ADDRESS) <u>Vaughan</u>

20. FILED <u>11/11-1935</u> <u>S. G. Koonce</u>

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/23 193522. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1933, to Oct. 23 1935I last saw him alive on Sept. 10 1933. Death is saidto have occurred on the date stated above, at 1:30 a.m.

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

Pulmonary tuberculosisDate of onset 1933

