

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.

DEC 18 1935

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

Do not use this space.

35759

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. _____

Township Springfield

Primary Registration District No. 2001

Registered No. 581

City Springfield (No. 2011)

St. Summit

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 2011 N. Summit

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

MEDICAL CERTIFICATE OF DEATH

SEX

Female

4. COLOR OR RACE

white

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

George W. Atwood

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

Oct. 14, 1871

7. AGE

YEARS

64

MONTHS

0

DAYS

21

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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.

In home

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.

MOTHER

FATHER

13. NAME

James K. Doyle

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

Mo.

15. MAIDEN NAME

Jane Swadley

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

Mo.

17. INFORMANT

(Address)

Elizabeth Owens
Springfield, Mo. R # 5

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Springfield, Mo.

DATE

Nov. 7, 1935

19. UNDERTAKER

(ADDRESS)

J. W. Lingner & Co.
Springfield, Mo.

20. FILED

11-21, 1935

Springfield
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-5-, 1935, to 11-5-, 1935

I last saw her... alive on 11-5-, 1935. Death is said

to have occurred on the date stated above, at 11:30 p.m.

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

Acute Heart Failure
caused from
Acute Myocarditis
following Influenza

Date of onset

11-3-35

Other contributory causes of importance:

Influenza

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) C. J. Feller, M. D.

(Address) Springfield, Mo.

JUL 15 1954