

MAY 28 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18374

1. PLACE OF DEATH

County WayneRegistration District No. 891Township 73Primary Registration District No. 6191City Wayne(No. 1)St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Malissa Jane AtripSt. Mo.Ward 1

(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

Fi

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 OFJohn Atrip

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

Oct 9, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.684

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housekeeper9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Wayne Co., Mo.

FATHER

13. NAME

Andy Overmyer14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Dan / ...

MOTHER

15. MAIDEN NAME

Jane Delittle16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo17. INFORMANT
(ADDRESS)James Trinidadell
Indianapolis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Indianapolis, Mo.4-10193619. UNDERTAKER
(ADDRESS)John W. ...
Indianapolis, Mo.

20. FILED

4-101936T.O. ...File

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Apr, 1936, to Apr 9, 1936I last saw him alive on Apr 3, 1936. Death is saidto have occurred on the date stated above, at 3:00 a.m.

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

MyocarditisDate of onset
1834

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) O. H. Myers

M. D.

(Address) Greenfield, Mo.

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.

