

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

Do not use this space.

AUG 21 1936

27220

**1. PLACE OF DEATH**

County Lewis  
Township LaBelle  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 481  
Primary Registration District No. 5243B  
5643B

File No. \_\_\_\_\_  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Henry A. Atherton

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 Male 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 Maud Atherton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1877

7. AGE YEARS 59 MONTHS 6 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Clark Co. Mo. (STATE OR COUNTRY)

13. NAME John D. Atherton

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

15. MAIDEN NAME Sarah Boley

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

17. INFORMANT Mrs Maud Atherton (ADDRESS) Lewistown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewistown, Mo. DATE July 19 1936

19. UNDERTAKER James A. Coder (ADDRESS) Lewistown, Missouri

20. FILED 747 1936 James A. Coder Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1936

22. I HEREBY CERTIFY That I attended deceased from August 24 1935, to July 17 1936

I last saw him alive on July 11 1936 Death is said

to have occurred on the date stated above, at 6:00 p.m.

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

Cancer of Rectum  
46

Date of onset The 1935

Other contributory causes of importance:

Colitis

Years.

Name of operation None. Date of \_\_\_\_\_

What test confirmed diagnosis None Was there an autopsy? No.

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? No.

If so, specify \_\_\_\_\_

(Signed) Harry E. McBracken D.C.

(Address) Lewistown, 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.

