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.

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

SEP 21 1936

Do not use this space.

30314

1. PLACE OF DEATH
County Clay
Township Liberty
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 5280

File No. 85
Registered No. .....

2. FULL NAME Samuel H. Atwood
(a) Residence, No. Liberty Mo R#3 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. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Myrtle P. Atwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1849

7. AGE YEARS 87 MONTHS 1 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crusher work self
10. Date deceased last worked at this occupation (month and year) 10 yrs
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Peoria Ill.

FATHER
13. NAME Wm Atwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER
15. MAIDEN NAME Sarah Swift
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) C. P. Atwood Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE Fairview 8/12/36

19. UNDERTAKER (ADDRESS) Church - Archer Co Liberty Mo

20. FILED 8/11 1936 E. T. Brank Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Aug 10, 1936
I last saw him alive on Aug 8, 1936 Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Genl Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Wm H Goodson, M. D.
(Address) Liberty Mo