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.

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

OCT 21 1936

Do not use this space.

34021

1. PLACE OF DEATH

County Daviess — Registration District No. 251 — File No.

Township — Primary Registration District No. 4151 — Registered No.

City Jameson (No. , St. Ward)

2. FULL NAME Atlanta F. Everly

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John K. Everly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1865

7. AGE — YEARS: 71 — MONTHS: 3 — DAYS: 19 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Dec. 1935
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

FATHER

13. NAME Melvin A. Godman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Clara Mikels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Clara Irwin Jameson, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE Sept. 5, 1936

19. UNDERTAKER (ADDRESS) Hope Furn. & Undt. Co., Gallatin, Missouri

20. FILED Sept 5, 1936 Geo. E. Robison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1935, to Sept 2 1936, 1936

I last saw her alive on Sept 2 1936 Death is said to have occurred on the date stated above, at 5:45 PM

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

	Date of onset
Interstitial Nephritis Chronic	1934

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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) J. B. Graham M.D.

(Address) Jameson Mo

1001-3-28-35