

OCT 23 1936

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

Do not use this space.

35111

## 1. PLACE OF DEATH

County NodawayRegistration District No. 625Township ElmoPrimary Registration District No. 3031City Elmo Maryville

File No.

Registered No. 178103

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Marion Atherton

(a) Residence, No. \_\_\_\_\_

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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)  
married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFAnna Atherton

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

Jan 19, 1877

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.69713

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.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)  
(STATE OR COUNTRY)Elmo Mo.

13. NAME

George Atherton14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Not known

15. MAIDEN NAME

Sarah Evelyn Price16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Not known17. INFORMANT  
(ADDRESS)Mrs. Anna Atherton  
Elmo Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elmo Mo.

DATE

Sept. 5, 193619. UNDERTAKER  
(ADDRESS)Price Funeral Home  
Maryville Mo.

20. FILED

Sept 5, 1936 Manie E. Clardy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Sept. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 1, 1936 to Sept. 2, 1936I last saw him alive on Sept. 2, 1936 Death is saidto have occurred on the date stated above, at S.P.M.

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

apoplexySept. 2

Date of onset

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) Hiram Day, M. D.(Address) Maryville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten text, possibly a signature or date, located in the bottom right corner of the page.