

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair  
Township Putty  
City Richsville (No. R#1)

Registration District No. 4  
Primary Registration District No. 5007

File No. 19285  
Registered No. 1  
St. 1 Ward

2. FULL NAME

Chester Everett Attebery

(a) Residence, No. 1 St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1937

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

I HEREBY CERTIFY That I attended deceased from May 21 1937 to May 21 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1937

I last saw him alive on May 21 1937 Death is said

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

to have occurred on the date stated above, at 7 p.m.

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

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

Pulmonary Atelectasis Date of onset

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

Other contributory causes of importance:

Prematurity

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Everett Attebery

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

15. MAIDEN NAME Luia Matheny

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Everett Attebery (ADDRESS) Richsville R#1

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury \_\_\_\_\_

PLACE Camady DATE May 22 1937

19. UNDERTAKER W. N. & G. Collins (ADDRESS) South Efford

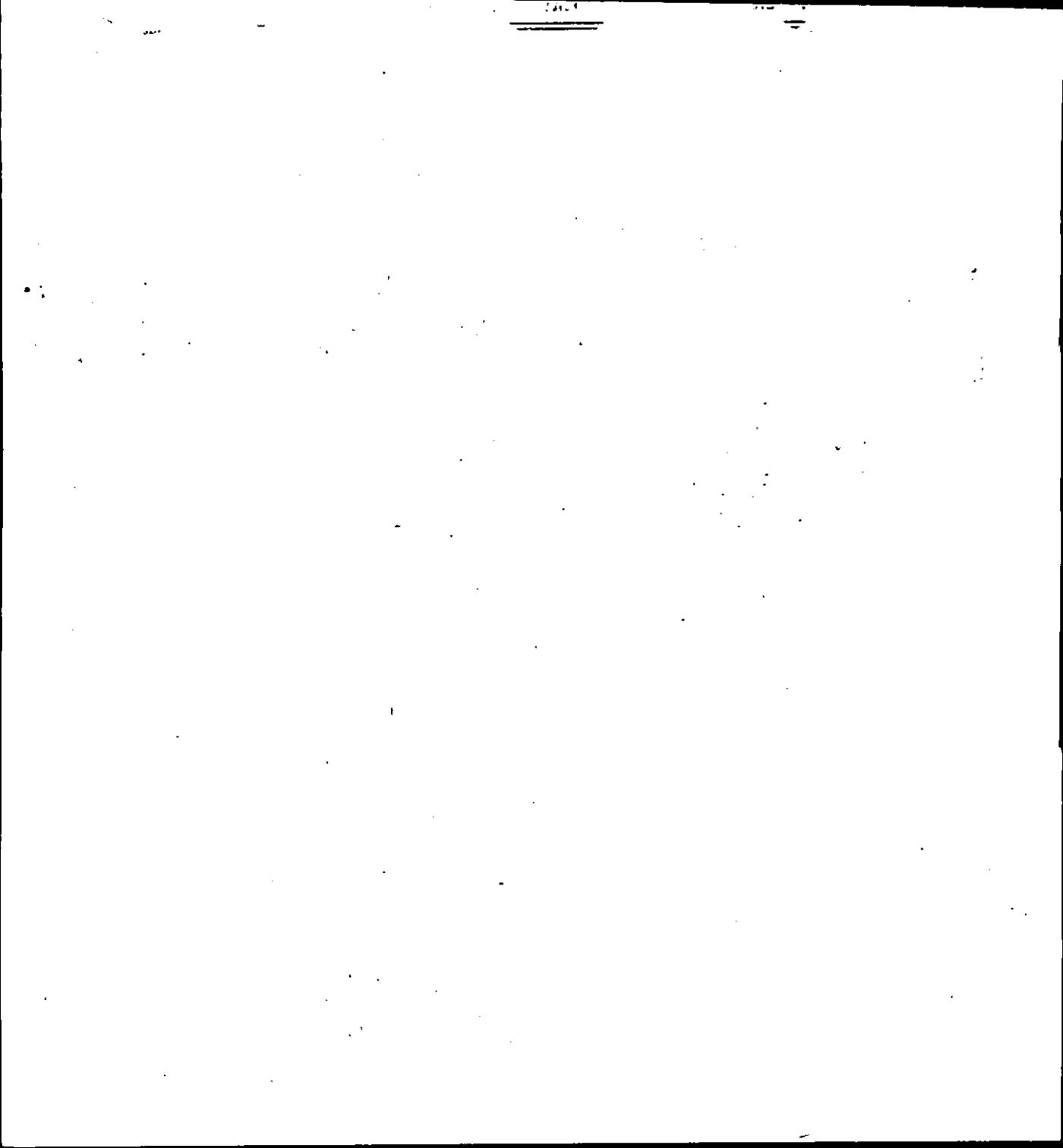
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify John H. Dewberry, D.O.

20. FILED \_\_\_\_\_, 19\_\_\_\_ Registrar.

(Signed) John H. Dewberry, D.O. (Address) Richsville

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**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Adair  
Township Pettis  
City                      (No.                     )

Registration District No. 4  
Primary Registration District No. 5007

File No. 19285-  
Registered No. 140  
St.                      Ward                     

**2. FULL NAME**

Chester Everett Attebery

(a) Residence, No.                      St.                      Ward.                     

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                     

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1937

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 8 yrs. 8 hrs.                      min.

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) Mo.

FATHER 13. NAME Everett Attebery

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

MOTHER 15. MAIDEN NAME Mrs. Matheny

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

17. INFORMANT (ADDRESS) Everett Attebery  
Kirkville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cannady DATE May 22 1937

19. UNDERTAKER W. H. Callum  
(ADDRESS)                     

20. FILED July 19 1937 Spencer L. Freeman  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21 1937 to May 21 1937

I last saw                      alive on May 21 1937. Death is said to have occurred on the date stated above, at 7 P.m.

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

Pulmonary atelectasis Date of onset                     

Other contributory causes of importance:

Prematurity

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) John H. Donby M. D. 0  
(Address) Kirkville Mo

NOT RECORDED FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-19285