

G 20 1937

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

Do not use this space.

27088

PLACE OF DEATH

City Sallas
Relationship Jackson
Elkhardt

Registration District No. 243
Primary Registration District No. 5339

File No. _____
Registered No. _____
St. _____ Ward _____

DECEASED NAME Milton P Attebery

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

4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

WIDOWED, OR DIVORCED BAND OF WIFE OF gladye attebery

BIRTH (MONTH, DAY, AND YEAR) May-14-1854
YEARS 3 MONTHS 8 DAYS 20
If LESS than 1 day, _____ hrs. or _____ min.

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. farmer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

PLACE (CITY OR TOWN) Charity
STATE OR COUNTRY Missouri

NAME William R Attebery

PLACE (CITY OR TOWN) Tenn-
STATE OR COUNTRY _____

IDENTIFYING NAME Jane Davison

PLACE (CITY OR TOWN) Tenn-
STATE OR COUNTRY _____

DECEASED NAME T. W. Attebery
RESIDENCE Charity, Mo.

CREMATION, OR REMOVAL _____ DATE 1-20-1937

TAKER L B Jones
(ADDRESS) Buffalo, Mo

2-27-1937 Mrs J N Shennepes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to _____, 17, 1937

I last saw _____ alive on _____, 1937 Death is said to have occurred on the date stated above, at 2:30 am.

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

Chronic Pyelonephritis
nephritis
Date of onset _____
Other contributory causes of importance: 121

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) E. M. Bailey, M. D.

(Address) Elkhardt Mo

1875

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

Do not use this space.

1. PLACE OF DEATH

County Dallas
Township Jackson
City Jackson (No. _____) St. _____ Ward _____

Registration District No. 243
Primary Registration District No. 6336

File No. 29088
Registered No. _____

2. FULL NAME

Milton P. Atchery
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)
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** W
(write the word)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE
YEARS 83 MONTHS 8 DAYS 20
If LESS than 1 day, _____ hrs. or _____ 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (ADDRESS)

20. FILED 7-27 1937 Mr J N Shewonecker Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 1937
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

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) E M Bailey _____ M. D.
(Address) Elkland _____

SUPPLEMENTARY

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