

REC'D MAR 15 1938

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

Do not use this space.

6635

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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**

J

4. COLOR OR RACE

White

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

Married

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

James E. Atrip -

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

2/8/1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

57

11

26

OCCUPATION

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

at home

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)**

Kennett Mo

13. NAMEM^{rs} Culla**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

unknown

15. MAIDEN NAME

Kate Bridges

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

Kennett Mo

17. INFORMANT (ADDRESS)James E. Atrip
R-2-Kennett Mo**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

M^{rs} Culla

DATE

2/7 1938

19. UNDERTAKER (ADDRESS)Baldwin Funeral Home
Kennett Mo**20. FILED**2-7 1938 Wheeler Davis
Registrar**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb - 4th 1938**22. I HEREBY CERTIFY, That I attended deceased from**
2-4-1938, to 2-4-1938I last saw h. ~~h.~~ alive on 2-4-1938 Death is said
to have occurred on the date stated above, at 12 NOON - m.

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

Ch. Myocarditis
& Myocardial
Failure.

Date of onset

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? 1

If so, specify

(Signed) J. H. Keim, M. D.

(Address) Kennett, Mo.

A. 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

V. S. N.

20M-2-

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