

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

Do not use this space.

REC'D APR 23 1936

10317

**1. PLACE OF DEATH**

County Calloway Registration District No. 104  
 Township McCredie Primary Registration District No. 5151  
 City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 100

**2. FULL NAME**

Joseph Elliot Atterbury 361  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Columbia Missouri  
 (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** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Single  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Oct 10 1908  
**7. AGE** YEARS 29 MONTHS about 6 DAYS OK If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Poultry dealer  
**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)** April 16 1935 **11. Total time (years) spent in this occupation** 8 years

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Missouri

**13. NAME** Harry B. Atterbury

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

**15. MAIDEN NAME** Agnes Royer

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

**17. INFORMANT (ADDRESS)** Jogann C. Atterbury Columbia Mo

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Columbia, Mo. DATE April 16 1938

**19. UNDERTAKER (ADDRESS)** Geo W Wallace Fulton Mo

**20. FILED** Apr 19 1938 R. N. Owens Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 4-18-1938

**22. I HEREBY CERTIFY**, That I attended deceased from Columbia, Mo. April 18, 1938

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Fracture Temporo-parietal region left side  
2:10 PM  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: Must turned over 20

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 4-18-1938

Where did injury occur? 1 1/2 mi East of Callaway Mo  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on the highway to #40

Manner of injury Auto West Turn on

Nature of injury Fracture skull

**24. Was disease or injury in any way related to occupation of deceased?** Yes  
 If so, specify \_\_\_\_\_

(Signed) R. N. Owens (Chronic) M.D.  
Callaway Co Fulton Mo (Address)

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.

