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.

REC'D JUL 14 1938

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

Do not use this space.

22064

1. PLACE OF DEATH
County Jackson
Township Prairie
City Jackson Co. (No. Hospital Little Blue, Mo. Ward)
Registration District No. 400
Primary Registration District No. 5553B
File No.
Registered No. 109

2. FULL NAME Atwell, Beryl Dale 340
(a) Residence, No. Little Blue, Mo. 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. 3 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 (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1938
7. AGE YEARS 0 MONTHS 0 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

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) Little Blue Missouri 0

FATHER
13. NAME Alma Atwell 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grannis Arkansas 0

MOTHER
15. MAIDEN NAME Lucille Miles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT (ADDRESS) Alma Atwell Route 5, Indep., Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove Cem. DATE June 4, 1938
19. UNDERTAKER (ADDRESS) George C. Carson Independence, Mo.
20. FILED June 4, 1938 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 3, 1938
I last saw him alive on June 3, 1938. Death is said to have occurred on the date stated above, at 8:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CONGENITAL MALFORMATION OF RECTUM	
COMPLETE ANAL ATRESIA	

Other contributory causes of importance: 15.7 D

Name of operation EXPLORATORY Date of 6-2-38
What test confirmed diagnosis? OPERATION 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) J. C. Lynch Jr., M. D.
(Address) Jackson Co. Hospital