

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32268
Do not use this space.

REC'D OCT 20 1938

1. PLACE OF DEATH

(a) County Grundy Registration District No. 328
 (b) Township 1 Primary Registration District No. 3017
 (c) City TRENTON (d) Street No. 316
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM S. ATTEBERG

(a) Residence, No. 1810 E 10th STREET St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. M. Atteberg
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22, 1887
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 8 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm
 10. Date deceased last worked at this occupation (month and year) 9-20-38 11. Total time (years) spent in this occupation 70 y
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy County Missouri
 FATHER 13. NAME John Atteberg 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown
 MOTHER 15. MAIDEN NAME Elizabeth Bidler 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri
 17. INFORMANT (ADDRESS) Mrs. M. Atteberg 1810 E 10th Street Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE North County Mo DATE 9-21-38
 19. FUNERAL DIRECTOR (ADDRESS) Raymond A. Quinn Trenton Mo.
 20. FILED 9-21-38 French J. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 1938 to Sept 19 1938
 I last saw him alive on Sept 14 1938 Death is said to have occurred on the date stated above, at 3:25 P m.
 The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis Date of onset 9/17
 Other contributory causes of importance:
arterio sclerosis 31
 Name of operation ✓ Date of 9-21-38
 What test confirmed diagnosis? Symptoms 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? no
 If so, specify _____
 (Signed) J. French, M. D.
 (Address) Trenton Mo

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.

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