

1938 OCT 24

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

32705

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
(b) Township Macon Primary Registration District No. 3027
(c) City Macon (d) Street No. 316
(e) Length of residence in city or town where death occurred 10 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 316 St. 316
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mittie Attberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23 1873

7. AGE YEARS 65 MONTHS 8 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. County Officer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan. 1938 Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Macon Co. Mo. (STATE OR COUNTRY)

13. NAME Albert M. Attberry
14. BIRTHPLACE (CITY OR TOWN) Woodford Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Genetta Attberry
16. BIRTHPLACE (CITY OR TOWN) Macon Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Mr. King Doyell (ADDRESS) Kenosha, Wisconsin

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Labor Cem. (DATE) 9-27-1938

19. FUNERAL DIRECTOR Stephens & Gooding (ADDRESS)

20. FILED 10/5 1938 Seal & Hentley Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-1938

I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1938 to Sept. 27, 1938
I last saw him alive on Sept. 27, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis with resecting coronary thrombosis
Date of onset 1 yr. ago 9-23-38

Other contributory causes of importance: 93C

Name of operation Chloroform Date of No
What test confirmed diagnosis? Chloroform Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) J. H. Groun (Address) Macon, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-295

Date Filed 10-5-38

STATEMENT BY LICENSED EMBALMER

I, C. L. Stephens

Licensed Embalmer No. 3057

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed C. L. Stephens

Licensed Embalmer No. 3057

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)