

OCT 18 1938

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

33462

Do not use this space.

1. PLACE OF DEATH

(a) County Shelby
(b) Township Spec. Precinct
(c) City Shelby

Registration District No. 830

Primary Registration District No. 4503

Registered No. 29

(d) Street No. _____ (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 14 yrs. 0 mos. 0 ds. (If of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

(a) Residence, No. Shelby, Mo. St. Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Ira Glen Atterberry
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-18-1885

7. AGE YEARS 53 MONTHS 4 DAYS 4
If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Mourne County
(STATE OR COUNTRY) Mo.

13. NAME Clayborn F. Atterberry

14. BIRTHPLACE (CITY OR TOWN) Mourne County
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Maury D. Halleberst

16. BIRTHPLACE (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Glen Atterberry
(ADDRESS) Shelby, Mo.

18. BURIAL, CREMATION OR REMOVAL
NAME Shelby, Mo. DATE Sept 24, 1938

19. FUNERAL DIRECTOR Mellie W. Barlow
(ADDRESS) Shelby, Mo.

20. FILED Sept 22, 1938 Ruth Joyner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1938 to Sept. 22, 1938

I last saw her alive on Sept. 21, 1938 Death is said

to have occurred on the date stated above, at 9:10 P.M.

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

Paraplegia due to cerebral thrombosis Date of onset Aug. 24, 1938

Other contributory causes of importance: Arterio-sclerosis

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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

so, specify _____

(Signed) J. A. Linn, M. D.

749 (Address) Shelby, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-394

Date Filed 10-6-38

STATEMENT BY LICENSED EMBALMER

I, Henry A. Barklee, Licensed Embalmer No. 3835

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

Henry A. Barklee

Licensed Embalmer No. 3835

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