

REC'D SEP 15 1939

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

30312

Do not use this space.

1. PLACE OF DEATH

(a) County Saline(b) Township 1(c) City MarshallRegistration District No. 796Primary Registration District No. 3038Registered No. 131(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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

324 Nora Elizabeth Atchley(a) Residence, No. 69 North BentonSt.

(Usual place of abode, if no street address, write county or city)

(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 (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Richmond Atchley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 18697. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 3 10OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper9. Industry or business in which work was done, as 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) Laclede County
(STATE OR COUNTRY) MissouriFATHER 13. NAME William H. Mizer14. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) ✓MOTHER 15. MAIDEN NAME Mary Elizabeth Shipman16. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) ✓17. INFORMANT (ADDRESS) John Atchley
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ridge Park Cem. DATE Aug. 3, 193919. FUNERAL DIRECTOR (NAME) Campbell-Lewis
(ADDRESS) Marshall, Mo.20. FILED 8-3-39 Mary Kent 712 (Address) Marshall Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1939I HEREBY CERTIFY That I attended deceased from 9:00 to 10:00, 1939I last saw her alive on Aug. 1, 1939 Death is saidto have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:Chronic Hepatitis Date of onset 1934Other contributory causes of importance: Stone in Gallbladder 1934Name of operation Drain Gallbladder Date of 1936What test confirmed diagnosis? Culture 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 1936Where 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? NoIf so, specify ✓(Signed) Mary Kent, M. D.(Address) Marshall Mo.97
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RECEIVED
District Health Officer No. 8,
District File Number
9/11/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

R.W. Campbell....., Registered Apprentice No.....
working under my personal supervision.

Signed *R.W. Campbell*
Licensed Embalmer No. *3469*
P. O. Address *Marshall*

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.)

If this body is not embalmed, above space should be left blank.