

Social Security

Number 499-03-7549

OCT 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Pulaski Registration District No. 714
Township Piney Primary Registration District No. 5943
City 20 (No. 11) St. 14 Ward 14

2. FULL NAME

William Jackson Atterberry

(a) Residence, No. 11 St. 14 Ward 14
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? 11 yrs. 11 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jean Atterberry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1877</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>9</u>	DAYS <u>14</u>
If LESS than 1 day, <u>11</u> hrs. <u>11</u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Blacksmith shop</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1, 1940</u>	
	11. Total time (years) spent in this occupation <u>45 yrs.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callanville, Mo.</u>		
FATHER	13. NAME <u>Francis J. Atterberry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Nancy Logan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	17. INFORMANT <u>Rail Atterberry</u> (ADDRESS) <u>Unionville, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friendship Cem.</u> DATE <u>Sept 4, 1940</u>	
	19. UNDERTAKER <u>Green Pastors</u> (ADDRESS) <u>Woodland, Mo.</u>	
	20. FILED <u>Sept 5, 1940</u> <u>S. G. Koonce</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3rd, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 25th, 1940, to Sept. 3rd, 1940

I last saw him alive on Sept. 1st, 1940. Death is said to have occurred on the date stated above, at 8:00 A.M.

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

Other contributory causes of importance: 46

Name of operation none Date of no

What test confirmed diagnosis Frang 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, 1940
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? no
If so, specify C. G. Rathot
(Signed) Waymerville, M. D.
(Address)

RECEIVED

District Health Officer No. 5,

District File Number 164 0972

Date Filed _____