

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38975

1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3814City Jefferson City

(No.)

File No. 281

Registered No.

St.

Ward)

2. FULL NAME William P. Atterberry(a) Residence, No. Bluffton, Missouri St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

44829

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, 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). Montgomery, Co. Mo.
(STATE OR COUNTRY)

FATHER

13. NAME Robt. Atterberry14. BIRTHPLACE (CITY OR TOWN). Mo.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Martha Tate16. BIRTHPLACE (CITY OR TOWN). Mo.
(STATE OR COUNTRY)17. INFORMANT Mrs. John Griffin
(ADDRESS) St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters J.C. Co. Dec 4, 193219. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.20. FILED 12/11/32 Dr. Beauford
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1932I HEREBY CERTIFY, That I attended deceased from November 30, 1932, to December 2, 1932I last saw him alive on December 2, 1932. Death is saidto have occurred on the date stated above, at 1:30 P. m.

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

Accidental trauma Date of onsetby fall from clifffractured 10th dorsal vertebramultiple rib fractures 11-30-32fractured left clavicle

Other contributory causes of importance:

secondary hemorrhage 12-2-32from internalinjuries 15-6name ①

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident Date of injury Nov 30, 1932Where did injury occur? St. Charles, Missouri

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Callaway County BluffsManner of injury FallNature of injury fractured back24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Julian A. Osseman M. D.(Address) Central Trust BldgJefferson City, Mo.

