B 27 1934

WHITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

85

219

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 32

City St. Joseph, (No. 1610 Sacramento St. Ward)

11 5 9

2. FULL NAME Mary Elizabeth Atha,

(a) Residence, No. 1610 Sacramento St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clifton S. Atha,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1847

7. AGE: YEARS 86 — MONTHS 6 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) January 1934

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky Unk

FATHER

13. NAME David Hornbeck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky Unk

MOTHER

15. MAIDEN NAME Margaret Brunkton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky, Unk

17. INFORMANT Mrs. Chester A. Ferry (ADDRESS) 1610 Sacramento Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frazier, Mo. DATE Jan'y. 9th 1934

19. UNDERTAKER Heaton-Bigelow & Bowman (ADDRESS) 319 S. 10th St. Funeral Home

20. FILED 1-9-1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany. 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933, to Jan 7, 1934

I last saw her alive on Jan 7, 1934 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Date of onset

Arterio-Sclerosis General
Hyper tension
97

Other contributory causes of importance:

97

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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

If so, specify

(Signed) Bennett F. Poole, M. D.

(Address) Phys & Surgn Bldg