

3.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE 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.

*Dr. DeBell*  
26228

1. PLACE OF DEATH

County *Greene*

Registration District No. *318*

Township

Primary Registration District No. *2091*

City

*Springfield Mo. No. 934 Mt Vernon*  
*Ethel Gertrude Atcherry*

File No.

Registered No. *573*

2. FULL NAME

(a) Residence, No. *934 Mt Vernon St.* Ward.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 4, 1936*

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

22. I HEREBY CERTIFY That I attended deceased from *July 4, 1936* to *July 4, 1936*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 25 - 1882*

I last saw h. *live on July 4, 1936* Death is said to have occurred on the date stated above, at *11:40 P.M.*

7. AGE YEARS *53* MONTHS *6* DAYS *9* IF LESS than 1 day, hrs. or min.

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

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

*Cerebral Hemorrhage*  
Date of onset

Other contributory causes of importance: *9221*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Christian, Mo.*

FATHER 13. NAME *Henry W. Stewart*

Name of operation Date of... What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

MOTHER 15. MAIDEN NAME *Deborah Peterson*

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

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

17. INFORMANT (ADDRESS) *Geo. O. Atcherry Springfield Mo.*

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hollywood* DATE *July 6, 1936*

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER (ADDRESS) *Alma Johnson Springfield Mo.*

(Signed) *M. DeBell*, M. D. (Address) *Springfield Mo*

FILED *7-6-36* *Dehasa George* Registrar

MAI  
EC