

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



REC'D MAR 14 1938

791

1008

Do not use this space.

1718

1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No. BARNES HOSPITAL
 (c) City..... (d) Street No. Registered No.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Roy Petrie Atwood 330
 (a) Residence, No. 15 Southmoor St. Clayton Mo
 (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 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 Isabelle Morrison Atwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/12/1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 58 6 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Broker
 9. Industry or business in which work was done, as saw mill, bank, etc. Grain
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria, Ill.

FATHER
 13. NAME Philo D. Atwood,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London, Conn.

MOTHER
 15. MAIDEN NAME Annabelle Petri,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Scotland

17. INFORMANT Fred H. Atwood
 (ADDRESS) 15 Southmoor Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 2/19/38

19. FUNERAL DIRECTOR Robert J. Ambruster
 (ADDRESS) Clayton Road at Concordia Lane

20. FILED J. H. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-7-1938, to 2-17-1938
 I last saw him alive on 2-17-1938 Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
 & cerebral metastases

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis by X-ray, etc. 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?
 If so, specify
 (Signed) F. H. Ambruster, M. D.
 (Address) BARNES HOSPITAL

FEB 18 1938

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.

STATEMENT BY LICENSED EMBALMER

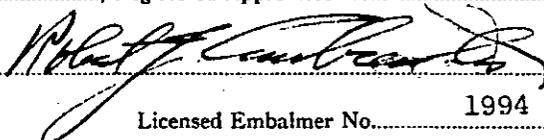
I, Robert J. Ambruster, Licensed Embalmer No. 1994

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed..... .....

Licensed Embalmer No. 1994

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.)