

Date: 5 Feb 2008

Researcher: Detia M. Roe

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Source of Data: www.sos.mo.gov/archives/resources/deathcertificates/

WHITE PLAINLY, 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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Miss. Madrid</u>		Registration District No.	<u>606</u>
Township	<u>Le Sueur</u>		Primary Registration District No.	<u>5805</u>
or			File No.	<u>23698</u>
Village			Registered No.	<u>19</u>
or				
City	(NO.)		St.	Ward
FULL NAME <u>Robert Elmer Atwill</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH	
<u>M.</u>	<u>White</u>		<u>July</u> , <u>18</u> , 191 <u>2</u>	
DATE OF BIRTH			(Month) (Day) (Year)	
<u>May</u> , <u>25</u> <sup>th</sup> , 191 <u>2</u>				
AGE			I HEREBY CERTIFY, that I attended deceased from	
<u>1</u> yrs. <u>23</u> mos. <u>23</u> ds.			<u>May 25</u> , 191 <u>2</u> , to <u>July 18</u> , 191 <u>2</u>	
OCCUPATION			that I last saw him alive on <u>18</u> <sup>th</sup> , 191 <u>2</u>	
(a) Trade, profession, or particular kind of work <u>None</u>			and that death occurred, on the date stated above, at <u>11 A.M.</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u>			The CAUSE OF DEATH* was as follows:	
BIRTHPLACE			<u>Gastro-enteritis</u>	
(City or town, State or foreign country) <u>Point Pleasant Mo</u>			<u>119 B</u>	
PARENTS	NAME OF FATHER	<u>J. E. Atwill</u>	(Duration) <u>—</u> yrs. <u>—</u> mos. <u>—</u> ds.	
	BIRTHPLACE OF FATHER	<u>Ky.</u>	Contributory	
	MAIDEN NAME OF MOTHER	<u>Viola Coats</u>	(SECONDARY)	
	BIRTHPLACE OF MOTHER	<u>Le Sueur</u>	(Duration) <u>—</u> yrs. <u>—</u> mos. <u>—</u> ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			(Signed) <u>R. Lee Williams</u> M. D.	
(Informant) <u>J. E. Atwill</u>			<u>7-18</u> , 191 <u>2</u> (Address) <u>Pt. Pleasant Mo.</u>	
(Address) <u>Pt. Pleasant, Mo.</u>			* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
Filed <u>7-19</u> , 191 <u>2</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
REGISTRAR <u>J. W. Rhodes</u>			At place of death <u>—</u> yrs. <u>—</u> mos. <u>—</u> ds. In the State <u>—</u> yrs. <u>—</u> mos. <u>—</u> ds.	
			Where was disease contracted If not at place of death?	
			Former or usual residence	
			PLACE OF BURIAL OR REMOVAL	
			DATE OF BURIAL	
			<u>7-19</u> , 191 <u>2</u>	
			UNDERTAKER	
			ADDRESS	
			<u>Stefford Bldg. S. W. Point Pleasant</u>	