

FEB 20 1936

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

Do not use this space.

2119

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Macon Primary Registration District No. 309
City Hannibal (No. 1417) Broadway St. _____ Ward _____

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Henry Frederick Atkins

(a) Residence, No. 1419 Broadway St. _____ Ward _____
(Usual place of abode) (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

3. SEX male 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 Eva Pauline Atkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
78 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store
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) Hannibal Missouri

FATHER 13. NAME Henry H. Atkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Sophia Christian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Chas. Atkins (Brother)
(ADDRESS) Withers Mill, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE Jan 7, 1935

19. UNDERTAKER Wm M Smith
(ADDRESS) 902 Broadway, Hannibal, Mo

20. FILED Jan 10 1935 A. H. Shook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6 1936

22. I HEREBY CERTIFY, that I attended deceased from Dec 26, 1935, to Jan 6, 1936

I last saw him alive on Jan 5, 1936 Death is said

to have occurred on the date stated above, at 6:30 p.m.

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

Dysentery Date of onset _____
Other contributory causes of importance: 15

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? _____

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) A. H. Shook, M. D.

(Address) 2008 Hannibal Mo

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.

