

WRITE 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.

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

5728
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Ycan Primary Registration District No. 1002

(c) City Ycanas City (d) Street No. 7C Gen Hosp. Registered No. 794

(e) Length of residence in city or town where death occurred yrs. mos. 1 10 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME See Atkinson 325

(a) Residence, No. 1238 Collins St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m

4. COLOR OR RACE w.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1886

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.

51	3	5	
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Presser

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

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

11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-14 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 1:20 a.m.

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

Hypertrophy of Heart; Date of onset Do not know

Auricular Fibrillation

95%

Other contributory causes of importance:

Bronchial Asthma also 8 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME John Atkinson

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

15. MAIDEN NAME Jaylor

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

17. INFORMANT (ADDRESS) Peura Clark
7C Gen Hosp 7C Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE 2-17 1938

19. FUNERAL DIRECTOR (ADDRESS) C. H. Blackburn + Son

20. FILED 2/17 1938 M. J. Browne
Local Registrar.

Name of operation

What test confirmed diagnosis Ch. Fun. 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) P. F. De Maria M. D.

(Address) Sup't 7C Gen Hosp 7C Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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.....

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.)