

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

REC'D DEC 19 1938

**38497**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Barnes Registration District No. 30  
 (b) Township 1 Primary Registration District No. 3003 Registered No. 46  
 (c) City Monett (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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**

<sup>325</sup> Helen Barnes Atkinson  
 (a) Residence, No. 517 Scott Street 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**

|   |                                  |  |
|---|----------------------------------|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Infant</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____                          |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 10, 1939</u>                               |                                  |  |
| 7. AGE YEARS<br><u>←</u>  | MONTHS<br><u>1</u>               | DAYS<br><u>12</u>  |
| IF LESS than 1 day, _____ hrs. or _____ min.  |                                  |  |
| OCCUPATION  |                                  |  |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>←</u> |                                  |  |
| 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 _____                                       |                                  |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monett - Missouri</u>                   |                                  |  |
| FATHER  |                                  |  |
| 13. NAME <u>Fred Atkinson</u>   |                                  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Diamond Mo.</u>                         |                                  |  |
| MOTHER  |                                  |  |
| 15. MAIDEN NAME <u>Dorothy Parsons</u>  |                                  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miami, Okla</u>                         |                                  |  |
| 17. INFORMANT (ADDRESS) <u>Mrs. Fred Atkinson 517 - Scott St. - Monett</u>                  |                                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. G. G. 7 - Cem.</u> DATE <u>Nov. 3, 1938</u>   |                                  |  |
| 19. FUNERAL DIRECTOR (ADDRESS) <u>Blansenships Monett - Perry</u>                           |                                  |  |
| 20. FILED <u>11-2-1938</u> <u>W. M. West</u> Local Registrar.                               |                                  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-2-1938 to 11-2-1939  
 I last saw h. er. son 11-2-1939 Death is said to have occurred on the date stated above, at 3 a m.  
 The principal cause of death and related causes of importance were as follows:  
Infant  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Premature child.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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?  
 If so, specify \_\_\_\_\_  
 (Signed) Ernest Mitchell M. D.  
 (Address) Monett Mo.  
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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.

MAINTAIN RESERVED FOR BIRMINGHAM

V. 3 (REV. 2-29-37) 50M-7-20-37

I X12004

RECEIVED

District Health Officer No. 6,

District File Number 6-38-808

Date Filed DEC 16 1938

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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.)**