

MAY 22 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15251
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township Warrensburg Primary Registration District No. 3023 Registered No. 62
 (c) City Warrensburg (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

325 Colon Callie Atkins Colon Campbell Atkins
 (a) Residence, No. _____ St. Lowry City, 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Williams Atkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1875

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
63 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer W.P.A.
 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Isle Vermont

FATHER 13. NAME Warren Corbyn Atkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Isle Vermont

MOTHER 15. MAIDEN NAME Rebecca Caroline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushlea Ind

17. INFORMANT (ADDRESS) J. A. Atkins Lowry City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lowry City Cem DATE May 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Austin Lowry City, Mo.

20. FILED May 15, 1939 Evera Gentry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1939 to May 14, 1939

I last saw him alive on May 14, 1939 Death is said to have occurred on the date stated above, at 9:59 a.m.

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

Hemorrhage from ulcer of stomach

Date of onset 5-12-39
1938

Other contributory causes of importance: 117 N

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) P. Lee Cooper M. D.

(Address) Warrensburg Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.