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

Do not use this space.

34657

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 39B

City ~~Koch~~, Mo. (No. Robert Koch Hospital, St. Ward)

2. FULL NAME Marie Atkins,

(a) Residence. No. 1127 Randolf St. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred x yrs. 1 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Black	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16, 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
18	10	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

PARENTS
10. NAME OF FATHER Henry Atkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Rachael Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT Robert Koch Hospital Records
(Address) Koch, Missouri

15. FILED Nov. 8, 1927 L. C. Obrod REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7 1927

17. I HEREBY CERTIFY, That I attended deceased from October 1, 1927, to Nov. 7, 1927, that I last saw her alive on Nov. 7, 1927, and that death occurred, on the date stated above, at 10:08 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

31 23A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum

(Signed) B. Keen, M. D.
11/7/27 (Address) Resident Physician.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL E. St. Louis Ill. — DATE OF BURIAL Nov. 10 1927

20. UNDERTAKER Chas Nash — ADDRESS 1117 N. 13 St. E. St. Louis

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.