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

Do not use this space.

38232

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10876

City St Louis (No. St Johns Hosp St. ..... Ward)

2. FULL NAME Ben Byron Atkins

(a) Residence. No. ..... St., 12 Ward. Ziegler Ill
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Atkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 15th 1899

7. AGE: 28 YEARS, 6 MONTHS, 21 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coal Miner
(b) General nature of industry, business, or establishment in which employed (or employer): Beal & Ziegler
(c) Name of employer: Mining Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elkville Ill

PARENTS

10. NAME OF FATHER: William Atkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Elkville Ill
12. MAIDEN NAME OF MOTHER: Eliza Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Elkville Ill

14. INFORMANT: William Atkins
(Address): Ziegler, Ill.

15. FILED: Dec -3 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 3rd 1927

17. I HEREBY CERTIFY, That I attended deceased from 11/30/27, 19.., to 12/3/27, 19.., that I last saw him alive on 12/2/27, 19.., and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis - chronic
131
132B (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Uremia
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

12/3/27, 19 (Signed) O. J. Falk, M.D.
(Address) Beaumont Bldg

*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: Elkville Ill
DATE OF BURIAL: Dec 6th 1927

20. UNDERTAKER: H. W. Schroeder
ADDRESS: Du Quoin

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.