

MAR 21 1928

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

Do not use this space.

**1. PLACE OF DEATH**County PikeTownship AmberCity ..... (No. .....)Registration District No. 684Primary Registration District No. 5912File No. 5926Registered No. 6St. ..... Ward .....**2. FULL NAME**(a) Residence. No. Dean Milton Atkinson St. ..... Ward .....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 24 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)**Single**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**X X X**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Sept. 30 - 1926**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.1424**8. OCCUPATION OF DECEASED**(a) Trade, profession, or particular kind of work .....(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)

Near Bowling Green**10. NAME OF FATHER**Carl A. Atkinson**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Illinois**12. MAIDEN NAME OF MOTHER**Hattie Hopkins**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Near Bowling Green**14.**INFORMANT E. A. Atkinson  
(Address) Bowling Green**15.**FILED 3/10 28  
19 28W. B. Chumley  
REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**2 - 24 19 28**17.**I HEREBY CERTIFY, That I attended deceased from 2 - 11, 19 28, to 2 - 24, 19 28.that I last saw him alive on 2 - 24, 19 28, and that death occurred, on the date stated above, at ..... M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia Lobar**CONTRIBUTORY (SECONDARY)**(duration) ..... yrs. ..... mos. ..... ds.**18. WHERE WAS DISEASE CONTRACTED**IF NOT AT PLACE OF DEATH .....DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....WAS THERE AN AUTOPSY? .....WHAT TEST CONFIRMED DIAGNOSIS? .....(Signed) J. H. Chumley, M. D., 19 ..... (Address) Bowling Green Mo

\*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**

DATE OF BURIAL

Bowling Green Cemetery Feb. 25 19 28**20. UNDERTAKER**

ADDRESS

W. B. Chumley Bowling Green Mo

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.

