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.

APR 23 1928

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 7853
Township — Primary Registration District No. 1001 — Registered No. 293
City St. Joseph, Mo. (No. 5626 South 3rd St. Ward)

2. FULL NAME Laura C. Atkins
(a) Residence. No. 5626 So. 3rd St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: J. A. Atkins
6. DATE OF BIRTH (MONTH, DAY AND YEAR): February 14 1865
7. AGE: Years 63 — Months 0 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Wayne Township
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Johnathan Dittemar
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dorthport
(STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Clara C. Grace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Indiana

14. INFORMANT: Mr. J. A. Atkins
(Address) 5626 South 3rd

15. FILED MAR 8 1928 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 6 1928
17. I HEREBY CERTIFY, That I attended deceased from 2-27-1928, to 3-6-1928, that I last saw her alive on 3-6-1928, and that death occurred, on the date stated above, at 1:45 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
107A / 100 A
194B (duration) yrs. mos. 9 ds.
CONTRIBUTORY (SECONDARY): Exposier
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At Place of death
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Phone Skinner M.D.
3/7, 1928 (Address) 43 East Hyde Park ave

*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: King Hill Cemetery — DATE OF BURIAL: March 8, 1928
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis