

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

Do not use this space.

28009

630

1. PLACE OF DEATH

County New Madrid
Township 1.1
City St. Louis

Registration District No. 604
Primary Registration District No. 5702

File No. 630
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward
(Usual place of abode)
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.

Emma Atkinson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 past date

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 6 unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work X X
(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) New Liberty Mo

10. NAME OF FATHER Riley Atkinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Cora

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) unknown

14. INFORMANT Jesse Atkinson
(Address) New Madrid

15. FILED 9/1, 19 28 W. B. Bannan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31st 19 28

17. I HEREBY CERTIFY, That I attended deceased from , 19 28, to , 19 28, that I last saw h. alive on , 19 28, and that death occurred, on the date stated above, at 60 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died without medical aid.
Probably due to Malaria.
38 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. B. Bannan, M.D.
9/1, 19 28 (Address) Co. Health Officer

*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 Funeral Home DATE OF BURIAL 9/1 19 28

20. UNDERTAKER Richards and Co ADDRESS New Madrid

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 1

1928

V. S. NO. 2.

