

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

Do not use this space.

31172

**1. PLACE OF DEATH**

County New Madrid  
Township Washington  
City Sidon

Registration District No. 5-5Primary Registration District No. 4-0-35File No. 7Registered No. 781

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS****3. SEX****4. COLOR OR RACE****5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Male | White | Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**April 4 - 1918**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

5 | 18**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)

Sidon Mo**10. NAME OF FATHER**Edward A. Atkins**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

New Madrid Mo**12. MAIDEN NAME OF MOTHER**Essie Cashion**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Dresden Tenn**14.**

INFORMANT

(Address)

Edward A. Atkins  
Sidon Missouri**15.**

FILE

Oct 10, 1928 M. W. Munn  
REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept 22 1928**17.**

I HEREBY CERTIFY, That I attended deceased from Sept 19, 1928, to Sept 22, 1928, that I last saw him alive on Sept 21, 1928, and that death occurred, on the date stated above, at 6:26 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Illness - Colitis  
119B  
113B  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**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? \_\_\_\_\_

(Signed) J. H. Cochran, M. D.9/23, 1928 (Address) Sidon, 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

Stagfield, Tenn 9-23 192820. UNDERTAKER J. W. Meentemeyer ADDRESS Sidon Mo

