

28 1928

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

Do not use this space.

37395

1. PLACE OF DEATH

County Lafayette
Township Devin
City Higginsville (No.)

Registration District No. 466
Primary Registration District No. 4274

File No.
Registered No. 88
St. Ward)

2. FULL NAME Anna May Atkinson

(a) Residence. No. 704 Russell St., 2 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. 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 E. S. Atkinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Waverly
(STATE OR COUNTRY) Lafayette Co. Mo.

10. NAME OF FATHER Eli Oliver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Somerset
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Sarah Zentmyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Myersville
(STATE OR COUNTRY) Maryland

14. INFORMANT Mattie S. Jackson
(Address) 704 Russell

15. FILED 11-7, 1928 Leslie P. Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 - 1928

17. I HEREBY CERTIFY That I attended deceased from May 23, 1928, to Nov 5, 1928
that I last saw her alive on Nov. 5, 1928, and that death occurred, on the date stated above, at 7:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of rt. axilla and glands of neck
35 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) First operation removal of breast + 2nd operative removal of uterus and stomach several years ago.
(duration) yrs. mos. 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?
(Signed) W. A. Mott, M. D.
, 1928 (Address) Higginsville, 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 Forest Hill Cem. K.C. Mo DATE OF BURIAL Nov. 8 1928

20. UNDERTAKER Horfer & Minershaque ADDRESS Higginsville Mo

Pen Locke
and Pen Bonds
"

Pen. Miller

10:30 at Mill & L.S.

Burn. Formisides

Quincy, N. E. Wm.