

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

Do not use this space.

1823

1. PLACE OF DEATH

County Jackson
Township Raw
City Manassas Station

Registration District No. 399

File No. 415
Registered No. 415
St. General Hospital Ward 1

2. FULL NAME

(a) Residence. No. 3027 Flora St. 7 Ward 4

(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 10 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Rich Hill (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Guy N. Atkin

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

12. MAIDEN NAME OF MOTHER Mabel Whitney

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

14. INFORMANT Mrs. Mabel Atkin (Address) Joplin, Mo.

15. FILED 1-28-29 M.D. Grace REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 19 29

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19, and that I last saw him alive on 19, and that death occurred, on the date stated above, at 4:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental automobile
fracture of skull
2101A

CONTRIBUTORY (SECONDARY) 188 (duration) 2 yrs. 0 mos. 0 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? History & Inspection

(Signed) Stanley M. Hall, M.D.

128, 129 (Address) 188

*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

Stella, Mo. Jan 29 19 29

20. UNDERTAKER ADDRESS

S. H. Newcomer's Sons K.C., 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.

