

N. E.—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.

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

Do not use this space.

20131

1. PLACE OF DEATH

County *Weg. Madrid*
Township *St. John*
City (No. _____) _____

Registration District No. *5-67*
Primary Registration District No. *5803*

File No. _____
Registered No. *64*
St. _____ Ward) _____

2. FULL NAME

Mary Ann Atkinson

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

John C. Atkinson

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

Feb 25 - 1833

7. AGE

YEARS
97

MONTHS

3

DAYS

25

If LESS than 1 day, _____ hrs. or _____ min.

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)

(STATE OR COUNTRY)

Mo. John C. Atkinson

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

North Virginia

12. MAIDEN NAME OF MOTHER

Mary Ann Dicker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14. INFORMANT

(Address)

John Atkinson East Prairie Mo.

15. DATE OF DEATH

Feb 16 - 1930

Buffett Hodge

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 19 1930

17.

I HEREBY CERTIFY, That I attended deceased from *May 30*, 1930, to *June 19*, 1930, that I last saw her alive on *May 30*, 1930, and that death occurred, on the date stated above, at *5-20 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy 82H

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *1*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *George W. Whitaker* M. D.

, 19 (Address) *East Prairie 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

Dogwood

6/20 1930

20. UNDERTAKER

ADDRESS

Travis Shelby

East Prairie Mo

