

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

Do not use this space.

23385

1. PLACE OF DEATH

County Laclede
Township English
City _____ (No. _____) St. _____ Ward _____

Registration District No. 450
Primary Registration District No. 5615

File No. 11
Registered No. 11,
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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Robert J. Atkins
Pauline

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1887

7. AGE YEARS 73 MONTHS 0 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) U.S.

PARENTS

10. NAME OF FATHER J. Atkins

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

12. MAIDEN NAME OF MOTHER Laura Williams

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

14. INFORMANT J. Wiley Atkins
(Address) Lebanon Mo

15. FILED 7-20-1930 RA Atkins

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19-1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to _____, 1930, that I last saw him alive on _____, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Cause of Injury

45 B
167 (duration) 1 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF Jan 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) J. H. Gentry M. D.

7-20-1930 (Address) Sharon 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 Lebanon Cemetery DATE OF BURIAL 7-20-1930

20. UNDERTAKER Holman & Stewart ADDRESS Lebanon Mo

