

26444

SEP 24 1930

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

 File No. _____
 Registered No. 656
 St. _____ Ward)

1. PLACE OF DEATH

County GreeneRegistration District No. 318

Township _____

Primary Registration District No. 2001City SpringfieldNo. 2118 Travis

2. FULL NAME

(a) Residence No. 2118 Travis 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

Male

4. COLOR OR RACE

white

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)

July 22 - 1930

7. AGE

YEARS

MONTHS

DAYS

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

0105

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Charles Atkinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Stella Agee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14. INFORMANT

Charles Atkinson
Springfield, Mo.

15. FILED

229 30For Sharp

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-27-1930

17.

I HEREBY CERTIFY, That I attended deceased from 8-26-1930 to 8-27-1930 that I last saw him alive on 8-27-1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Linda Pellida

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF LWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Wm. H. Sharp M. D.8/28/30 (Address) 440 1/2 E. Canal

*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

Green Lawns Cemetery Aug 29 193020. UNDERTAKER 424 G. Canal St ADDRESSJ. W. Kingner & Co., Springfield, 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.

