

DEC 22 1930

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

Do not use this space.

39897

1. PLACE OF DEATH

County Monroe
Township South Range
City Monette (No. _____)

Registration District No. 446
Primary Registration District No. 4264

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jadie B Atkins

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 2 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Johnathon Miller

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

12. MAIDEN NAME OF MOTHER Jadie B. Miller

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

14. INFORMANT Bessie Atkins
(Address) Monette, Mo.

15. FILED 189 1930 Mrs. C. C. Gibson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1930
17. 2

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 6, 1930, that I last saw h. s. alive on Dec 6, 1930, and that death occurred, on the date stated above, at 1:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Flu
11A
107A
(duration) _____ yrs. _____ mos. 3 da.

CONTRIBUTORY (SECONDARY) Pneumonia
(duration) _____ yrs. _____ mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? C. C. Gibson
(Signed) _____, M. D.
, 19 (Address) Monette Mo.

*State the DISEASE CAUSING DEATH, or to 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 Harmony Cemetery DATE OF BURIAL Dec 7 1930

20. UNDERTAKER Brothers & Irwiniges ADDRESS Monette 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.

