

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Brookling  
City T. P. No. 1 (No. 51st St. & Blue Ridge Blvd)

Registration District No. 403  
Primary Registration District No. 3557

File No. **41252**

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Albert A. Atkinson

(a) Residence, No. 51st St. & Blue Ridge Blvd,  
(Usual place of abode)

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 20 - 1867

7. AGE YEARS 64 MONTHS 2 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grocery &  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. meats  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Harvey C. Atkinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER 15. MAIDEN NAME Francis Pitchford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Mrs. Atkinson (ADDRESS) 51st Blue Ridge Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 12-3-31

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Brooklyn Ave. N.C. Mo

20. FILED 12-4-1931 W. W. Hobbs, M.D. Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 2 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1931, to Dec 2, 1931.

I last saw him alive on Dec 4, 1931 Death is said to have occurred on the date stated above, at 4 AM.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1925  
59  
95C 59  
Other contributory causes of importance: Diabetes Mellitus 1925

0 Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John R. Lewis, M. D.

(Address) 2046 Indiana

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 2 1932

3048

Li - 0731

Ya - 7134

- 5 pH