

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.

25 1932
25 1932

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

Do not use this space.

32760

1. PLACE OF DEATH

54 County Lafayette
Township Shiloh
City Parthena Atkinson (No.)

Registration District No. 464
Primary Registration District No. 5627

File No. 15
Registered No. 36
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward
(Usual place of abode)
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 female 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) Aug. 4, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 2 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnson Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER D. S. Atkinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ann C. Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

14. INFORMANT Mary Atkinson
(Address) Adessa, Mo.

15. FILED 10/9/32 R. L. Schooley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/25/32

17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1932 to Oct 25, 1932, and that I last saw him alive on Oct 25, 1932, and that death occurred, on the date stated above, at 3:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Impulsional
Rephasia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 132

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical

(Signed) R. L. Schooley, M. D.
, 19 (Address) Adessa, 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 DATE OF BURIAL 10/27/32

Int. Tabad.

20. UNDERTAKER L. P. Husman ADDRESS Adessa, Mo.

