

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.

NOV 25 1932

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

Do not use this space.

33021

1. PLACE OF DEATH  
72 County Way Madrid Registration District No. 605  
Township Cono Primary Registration District No. 3804  
City \_\_\_\_\_ (No) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Atkins  
(a) Residence, No. Malden Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Cono (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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-5-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) New Madrid Co

13. NAME Moss, Randal 4

14. BIRTHPLACE (CITY OR TOWN) Ark 3 (STATE OR COUNTRY)

15. MAIDEN NAME Thelma Atkins

16. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo (STATE OR COUNTRY)

17. INFORMANT Town Atkins (ADDRESS) Malden Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Malden Mo DATE Oct -16 1932

19. UNDERTAKER M.R. Leary (ADDRESS) Malden Mo

20. FILED Oct 16 1932 Mrs C.S. Blackman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-16 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1932, to Oct 16th 1932  
I last saw her alive on Oct 15th 1932 Death is said to have occurred on the date stated above, at 7:11 A.M.  
The principal cause of death and related causes of importance were as follows:  
Intracranial Hemorrhage of Newly Born  
1600  
1600  
Other contributory causes of importance:  
Convulsions  
Date of onset 11 days  
Oct 12/1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) John Staudene M. D.  
(Address) Malden Mo

