

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

Do not use this space.

35045

1. PLACE OF DEATH

County Cass Registration District No. 156
 Township Grand River Primary Registration District No. 219
 City Harrisonville (No.) St. Ward)

2. FULL NAME Ada J. Atkinson

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

PERSONAL AND STATISTICAL PARTICULARS

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

Female White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 3 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
55 8 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House work 7
 (b) General nature of industry, business, or establishment in which employed (or employer). 244
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Harrisonville 1
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Allen Atkinson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill. 2
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Luzie Belle Kivett
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Carolina
 (STATE OR COUNTRY)

14. INFORMANT Hattie Steed
 (Address) Harrisonville Mo

15. FILED 11/15, 1937 A. S. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932, to Nov. 14, 1932 that I last saw him alive on Nov. 14, 1932, and that death occurred, on the date stated above, at 7:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Splenic Pneumonia
 (duration) 9 yrs. 9 mos. 9 ds.
 CONTRIBUTORY (SECONDARY) 17 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. S. Triplett M. D.
 , 19 (Address) Harrisonville, 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, CREMATION, OR REMOVAL Orient Cemetery DATE OF BURIAL Nov. 16 1932

20. UNDERTAKER Atkinson & Leach ADDRESS Archie, 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.

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

