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.

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

Do not use this space.

4906

1. PLACE OF DEATH
County Caldwell
Township Breckenridge
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 94
Primary Registration District No. 5140

File No. .....
Registered No. 1

2. FULL NAME Mary Francis 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 10 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1853

7. AGE YEARS 80 MONTHS DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Breckenridge Mo.

FATHER
13. NAME Wm Colvin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. City N.Y.

MOTHER
15. MAIDEN NAME Emma Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. City N.Y.

17. INFORMANT (ADDRESS) Arthur Atkinson Breckenridge Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE Feb 9 1933

19. UNDERTAKER (ADDRESS) [illegible] Breckenridge Mo

20. FILED Feb 6 1933 E A Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Jan 16, 1933
I last saw her alive on Jan 16, 1933 Death is said to have occurred on the date stated above, at about 4-30 P.m.
The principal cause of death and related causes of importance were as follows:

Found dead in bed. Apparently from natural causes.

Date of onset

Other contributory causes of importance:
Fell - dislocate hip Jan 7. Owing to extreme feebleness reduction not attempted

Name of operation None Date of —
What test confirmed diagnosis? Physical findings 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? .....
If so, specify .....
(Signed) E A Thompson, M. D.
(Address) Breckenridge Mo.