

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

Do not use this space.

13197

399

1000

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Law

Registration District No. ....

Primary Registration District No. ....

File No. ....

Registered No. ....

St. .... Ward

**2. FULL NAME**

(a) Residence, No. 1401 Oakley St., ..... Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3 MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11/33, 19...

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

22. I HEREBY CERTIFY, That I attended deceased from Quincy Brown, 19...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1882

I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

7. AGE YEARS 51 MONTHS 11 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

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

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

Fracture of skull  
Intracranial hemorrhage  
186A  
194B  
Other contributory cause of importance: 82756

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... 1

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

13. NAME John W Atkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Law

15. MAIDEN NAME Marcieis C. Cramer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Law

17. INFORMANT (ADDRESS) Mrs. Eliza Rose 1927 8-14

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope DATE April 3, 1933

19. UNDERTAKER (ADDRESS) Rose & Henderson

20. FILED Apr 3, 1933 M. M. Crowe Registrar.

Name of operation Autopsy Date of ..... Was there an autopsy? yes

23. If death was due to external cause, violence, fill in also the following: Accident, suicide, or homicide. Date of injury 4/11/33

Where did injury occur 506 Crystal Rooms (Specify city or town, county, and State)

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

Manner of injury Fell down stairs

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) [Signature]

(Address) [Address]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2  
1

