

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Jackson
Township Union-bar
City Blue Springs MO (No. _____)

Registration District No. 395
Primary Registration District No. 5357A

File No. 8772-a
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Blue Springs MO, RFD 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 11-1934</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, . . . hrs. or . . . min.
	<u>0</u>	<u>0</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
	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) <u>Near Blue Springs, Missouri</u>				
FATHER	13. NAME <u>A. B. Atkinson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Bonnie Carter</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>San Francisco, California</u>			
17. INFORMANT <u>A. B. Atkinson</u> (ADDRESS) <u>Blue Springs, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beller, Kansas</u> DATE <u>Mar 13, 1934</u>				
19. UNDERTAKER <u>E. D. Casan Funeral Home</u> (ADDRESS) <u>Independence, Mo</u>				
20. FILED <u>5/10</u> 1934 <u>F. W. Tuttle</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1934, to Mar 12, 1934
I last saw her alive on Mar 12, 1934. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy - occurring during delayed breech delivery
Date of onset _____

Other contributory causes of importance:
slow breech delivery

Name of operation 1610 Date of _____
What test confirmed diagnosis? _____ 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) F. W. Tuttle, M. D.
(Address) Blue Springs MO

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.

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