

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

Do not use this space.

17480

1. PLACE OF DEATH

County Marion Registration District No. 578
Township Amavice Primary Registration District No. 4340
City Paris (No.) St. Ward

File No.
Registered No.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Crum Atkinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17-1884</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>2</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Barber</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>Missouri</u>		
MOTHER	13. NAME <u>Thomas J. Atkinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
	15. MAIDEN NAME <u>Rachel Vance</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
	17. INFORMANT <u>Mrs Baxter Overbelt</u> (ADDRESS) <u>Holliday Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BETHEL CEM, HOLLIDAY, Mo.</u> DATE <u>MAY 28 1934</u>	
19. UNDERTAKER <u>SPEED - BLARKEY</u> (ADDRESS) <u>Paris, Mo.</u>		
20. FILED <u>MAY 27 1934</u>	<u>Jogan Crum</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 27 1934, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934 to May 27, 1934

I last saw him alive on May 27, 1934. Death is said to have occurred on the date stated above, at 5:25 a.m.

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

Cerebral Embolism Date of onset 3/29/34
R. I. B.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? Yes

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) Geo. M. Rapelle, M. D.
(Address) Paris, 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.

JUN 29 1934

