

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis*

Registration District No. *791*  
Primary Registration District No. *1003*  
(No. *En Route to Ely Hospital*)

File No. *18501*  
Registered No. *4982*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *5322 Delmar St.* Ward. *17*  
(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 *male*  
4. COLOR OR RACE *white*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 18 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*42 9 28*

OCCUPATION  
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. *Lawyer*  
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) *Kentucky*

MOTHER FATHER  
13. NAME *John W Atchinson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Blanch Hammon*

MOTHER FATHER  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT *D. K C Atchinson* (ADDRESS) *Owensboro Kentucky*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Owensboro Ky* DATE *5-20-1934*

19. UNDERTAKER *Peaty Bros.* (ADDRESS) *3027 Lafayette Ave*

20. FILED *17 1934* *J. A. Brebeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-15 1934*  
*No Physician in attendance*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *8:45 a.m.*

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

*Gunshot wound of right temple, self-inflicted at residence*

Other contributory causes of importance:  
*Suicide*

Name of operation *17* Date of \_\_\_\_\_  
What test confirmed diagnosis? *17* Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *Suicide* Date of injury *5-15 1934*

Where did injury occur? *residence*  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury *home*  
*Gunshot wound*  
Nature of injury \_\_\_\_\_

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

(Signed) *Harold D. Perry*  
(Address) *17*  
*5/20/34*

