

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

Do not use this space.

1. PLACE OF DEATH
 County Lincoln Registration District No. 497
 Township Browning Primary Registration District No. 4300
 City Browning (No.) St. Ward

2. FULL NAME Arvid Philson Atkins
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 21060
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 / 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 14

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

13. NAME Arvid Atkins

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

15. MAIDEN NAME Arvid Philson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee's Ferry, Ariz.

17. INFORMANT (ADDRESS) New Mrs. Arvid Philson's Regem, Ill.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jenkins DATE 6-25-34

19. UNDERTAKER (ADDRESS) Wm. H. McConnel, Browning, Mo.

20. FILED 6/24 1934 Floora M. McConnel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24-34

22. I HEREBY CERTIFY, That I attended deceased from 6-21-34, 1934, to 6-24, 1934.
 I last saw h.t.m. alive on 6-21-, 1934. Death is said to have occurred on the date stated above, at 8 9 m.
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset 6-21

Other contributory causes of importance:
Beriberi
Vitamin A deficiency

Name of operation 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? No
 If so, specify

(Signed) J. K. Dutton, M. D.
 (Address) Jenkins, Mo.

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.

JUL 13 1934

WRITE PLAINLY, WITH OMPASSING INK

