

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

Do not use this space.

Kearney
File No. **22846**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County *Scott* Registration District No. *821*
Township *Dekeston* Primary Registration District No. *6070*
City *Dekeston* (No. *173*) St. _____ Ward _____

2. FULL NAME

Mildred Atson
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------------|--|
| 3. SEX <i>Female</i> | 4. COLOR OR RACE <i>Colored</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Child</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Child</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 17 - 1933</i> | | |
| 7. AGE | YEARS | MONTHS |
| | <i>0</i> | <i>6</i> |
| | | <i>21</i> |
| 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. <i>Child</i> | | |
| 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) <i>Dekeston, Mo.</i> | | |
| 13. NAME <i>Robert Atson</i> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New Madrid, Mo.</i> | | |
| 15. MAIDEN NAME <i>Billie May Whitehead</i> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Scott Co. Mo.</i> | | |
| 17. INFORMANT (ADDRESS) <i>Robert Atson, Dekeston, Mo.</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Funeral</i> DATE <i>June 7, 1934</i> | | |
| 19. UNDERTAKER (ADDRESS) <i>H. J. G. G. Dekeston, Mo.</i> | | |
| 20. FILED <i>6/11</i> 19 <i>34</i> <i>Walter E. Berrie</i> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 7, 1934*

22. I HEREBY CERTIFY That I attended deceased from *June 6, 1934* to *June 7, 1934*
I last saw him alive on *June 6, 1934* Death is said to have occurred on the date stated above, at *2:30 a.m.*
The principal cause of death and related causes of importance were as follows:
Obstetrical Pneumonia Date of onset *June 6, 1934*

Other contributory causes of importance:
108

Name of operation _____ Date of _____
What test confirmed diagnosis? *Culture* Was there an autopsy? *no*

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: *None*
(Signed) *Howard M. Meade*, M. D.
(Address) *Dekeston, 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 27 1934

