

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.

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

Do not use this space.

OCT 11 1934

34700

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **2003**  
City **St. Louis** (No. **City Hospital**)

File No.....  
Registered No. **9561**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **Amadora Atkins**  
(Usual place of abode) **2603 - Glasgow St. 11** Ward.  
Length of residence in city or town where death occurred **6** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>Colored</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 28<sup>th</sup> 1916</b>		
7. AGE	YEARS <b>18</b>	MONTHS <b>2</b>
	DAYS <b>28</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	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. <b>Student</b>	
	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) <b>Tenn.</b>		
FATHER	13. NAME <b>Cleveland Atkins</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tenn.</b>	
MOTHER	15. MAIDEN NAME <b>Hella Adams</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tenn.</b>	
17. INFORMANT (ADDRESS) <b>Juby Anderson 2945 - Rawlms</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Crest St. Louis Ill</b> DATE <b>Sept 28 1934</b>		
19. UNDERTAKER (ADDRESS) <b>J. J. Brebeck 2945 - Rawlms Ill</b>		
20. FILED <b>SEP 28 1934</b> <b>J. J. Brebeck</b> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 26<sup>th</sup> 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 14<sup>th</sup> 1934** to **Sept. 26<sup>th</sup> 1934**. I last saw her alive on **9 - 26<sup>th</sup> 1934**. Death is said to have occurred on the date stated above, at **6:15 P** m.

The principal cause of death and related causes of importance were as follows:  
**Tuberculosis of hip and spine**

Other contributory causes of importance **26 27 28**

Name of operation..... Date of.....  
What test confirmed diagnosis? **Aspiral** 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 **Russell Smith** M. D.  
(Signed) **2945 - Rawlms Ill**  
(Address)

