

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.

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

Do not use this space.

FEB 26 1935

2127

1. PLACE OF DEATH

County Mississippi
Township East Prairie, Mo.
City East Prairie, Mo. (No.)

Registration District No. 567
Primary Registration District No. 4384

File No.
Registered No. 7 St. Ward)

2. FULL NAME

Shirley Ann Atkins

(a) Residence, No. East Prairie, Mo. 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18 - 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 1 7

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) East Prairie, Mo. (STATE OR COUNTRY)

13. NAME Manuel Atkins

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

15. MAIDEN NAME Kathleen Atkins

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

17. INFORMANT Manuel Atkins (ADDRESS) East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dozwood DATE Jan. 26, 1935

19. UNDERTAKER Travis N. Shelby (ADDRESS) East Prairie, Mo.

20. FILED Jan 25 1935 Duff on Hoopes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1935 to Jan 25, 1935
I last saw her alive on Jan 25, 1935 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

No. 113 Diarrhea and enteritis Date of onset

Other contributory causes of importance

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?
If so, specify

(Signed) Geo. W. Whitaker, M. D.
(Address) East Prairie, Mo.

