

APR 22 1935

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

Do not use this space.

9965

1. PLACE OF DEATH

County New Madrid

Township "

City New Madrid

Registration District No. 604

Primary Registration District No. 435-2

File No.

Registered No.

St. Ward

2. FULL NAME

Florence Atkinson

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charley Atkinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24 - 1885</u>		
7. AGE <u>49</u>	YEARS <u>10</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		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) <u>Ken.</u>		
13. NAME <u>McClain</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>		
15. MAIDEN NAME <u>Addie Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>		
17. INFORMANT <u>Charley McClain</u> <u>New Madrid</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emergency</u> DATE <u>March 11</u> 19 <u>35</u>		
19. UNDERTAKER <u>Richards Undert Co.</u> <u>New Madrid</u>		
20. FILED <u>3/14/</u> 19 <u>35</u> <u>W. J. W. J. W.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/28 1935, to 3/1 1935
I last saw him alive on 3/1 1935 Death is said to have occurred on the date stated above, at 5:20 P. M.
The principal cause of death and related causes of importance were as follows:
Hypertrophic heart
Chronic Myocarditis

Other contributory causes of importance:
Chronic Myocarditis

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) McNeill M. D.
(Address) New Madrid Mo

