

MAY 27 1935

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

Do not use this space.

13204

1. PLACE OF DEATH

County Jasper Registration District No. 406 File No. _____
Township Union Grove Primary Registration District No. 5560 Registered No. 12
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Nanny Jane Atkeson
(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 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Atkeson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Cooper County
(STATE OR COUNTRY) Missouri

13. NAME Martin Mansfield

14. BIRTHPLACE (CITY OR TOWN) Union
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mahaley Townsend

16. BIRTHPLACE (CITY OR TOWN) Union
(STATE OR COUNTRY) Missouri

17. INFORMANT Wm. H. Atkeson
(ADDRESS) St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Cemetery DATE Apr. 18, 1935

19. UNDERTAKER Lucas Mortuary
(ADDRESS) Garthage, Missouri

20. FILED Apr 17, 1935 Centron
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1934 to Apr 16, 1935

I last saw him alive on Dec 7, 1934 Death is said to have occurred on the date stated above, at 8:15 m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis Date of onset known
and arteriosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Rob Olemann, M. D.

(Address) Asbury, 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.

