

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.

JAN 13 1936

1. PLACE OF DEATH

County Andrew
Township Wilson
City Warrensburg (No.)

Registration District No. 951
Primary Registration District No. 5037 B.

File No. 5
Registered No. St. Ward

2. FULL NAME William C. Atkins

(a) Residence, No. St. Ward
(Usual place of abode)
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 Male 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 Anna Vida Atkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tanner
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) Va.

13. NAME David J. Atkins

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

15. MAIDEN NAME Rebecca J. Talley

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

17. INFORMANT Mrs R. O. Mills
(ADDRESS) 309 5th St. Columbus Mo

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER H. A. Pugh & Son
(ADDRESS)

20. FILED Dec 31, 1935 G. M. Moody
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Nov 30 1935

I last saw him alive on August 1935. Death is said

to have occurred on the date stated above, at 11 A.M.

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

Carcinoma (Colon) Date of onset 1932

W/O

Other contributory causes of importance: General

"Metastases" of primary

liver & other internal

organs

Name of operation Colon resection of 1932

What test confirmed diagnosis? Specimen & Roentgen

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? No

If so, specify

(Signed) H. R. Rodas M. D.

(Address) Mexico Mo

