

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.

DEC 19 1935

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

alice
Do not use this space.

1. PLACE OF DEATH

County Miller
Township Saline
City Edon (No.)

Registration District No. 561
Primary Registration District No. 4330

File No. 36720
Registered No. 100
St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward.

(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 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 James Atkin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1869
7. AGE YEARS 66 MONTHS 4 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House W. f. e
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) Miller Co MO

13. NAME Jasper Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Col. Co MO

15. MAIDEN NAME Melissa Harmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Col. Co MO

17. INFORMANT Ruth Jordan (ADDRESS) Edon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE 11-17 1935

19. UNDERTAKER Phillips Funeral Home (ADDRESS) Edon Mo

20. FILED Nov 18 1935 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1935, to Nov 17 1935.

I last saw her alive on Nov 17 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Lobar Pneumonia 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 1935

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) W. J. Allen M. D.

(Address) Edon Mo

