FEB 19 1936

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

Do not use this space.

1712

1. PLACE OF DEATH
County: Jasper
Township: Union
City: ..... (No. ....., ..... St. ..... Ward)

Registration District No. 408
Primary Registration District No. 5565

File No. .....
Registered No. .....

2. FULL NAME Inf. of Carl & Zelma Atnip
(a) Residence, No. Carthage Mo R R 3 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. 3 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1936

7. AGE: Years 0 | Months 0 | Days 3 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY) Jasper Co, Mo.

FATHER
13. NAME Carl Atnip
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co Mo.

MOTHER
15. MAIDEN NAME Zelma Hughey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co Mo.

17. INFORMANT Carl Atnip
(ADDRESS) Carthage Mo. R R 3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cemetery DATE 1-22 1936

19. UNDERTAKER Ulmer
(ADDRESS) Carthage Mo.

20. FILED Jan 22 1936 J. B. Clinton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1936, to Jan 21 1936
I last saw h. alive on Jan 21 1936. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital cerebral anomoly present at birth | ✓ |

Other contributory causes of importance: none

Name of operation none Date of .....
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. A. LaForce, M. D.
(Address) Carthage Mo.

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.

10M-3-28-35