

MAR 16 1936

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

Do not use this space.

4433

1. PLACE OF DEATH

County Andrew
Township 8-1st River
City Mexico (No. _____ St. _____ Ward _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 30

2. FULL NAME Harry Atchison

(a) Residence, No. 630 E. Monroe St. 2nd 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 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 Nadine Buck Atchison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

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) Santa Fe (STATE OR COUNTRY) Mo.

13. NAME John W. Atchison

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Massey

16. BIRTHPLACE (CITY OR TOWN) Santa Fe (STATE OR COUNTRY) Mo.

17. INFORMANT W. B. Atchison (ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo. DATE Feb. 11 - 1936

19. UNDERTAKER McPheeters Bros. (ADDRESS) Mexico Mo.

20. FILED Feb 10 - 1936 Blanche Keely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to Feb 9 - 1936

I last saw him alive on Feb 7 - 1936 Death is said to have occurred on the date stated above, at 11:30 P. M.

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

Atherosclerosis - Right ventricular hypertrophy
Coronary artery disease

Other contributory causes of importance General Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) W. B. Keely, M. D.

(Address) Mexico 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.

