

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.

UCT 21 1936

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

Do not use this space.

35200

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Ledalia

Primary Registration District No. 30.32

City Ledalia (No. _____)

File No. 270

Registered No. 668

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 109 W. Jefferson St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 5, 1871

7. AGE

YEARS

65

MONTHS

8

DAYS

6

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Laborer.

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)

Morgan County

FATHER

13. NAME

W. D. Atkeson

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Monticello County

MOTHER

15. MAIDEN NAME

Sarah Jane Johnson

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Morgan County

17. INFORMANT

(ADDRESS)

J. J. Atkeson
217 E. 2. Ledalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE 9/13/36

19. UNDERTAKER

(ADDRESS)

McLaughlin Bros
Ledalia

20. FILED

9-13-36 John Black
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 11, 1936

22. I HEREBY CERTIFY That I attended deceased from

the body, 1936, to Sept 11, 1936

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7 P. m.

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

Coronary Embolism Date of onset _____

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?

If so, specify _____

(Signed) _____

(Address) _____

M. D.

