

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.

NOV 17 1936

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

Do not use this space.

36577

1. PLACE OF DEATH

County Audrain

Registration District No. 26

Township Salt River

Primary Registration District No. 3002

City Mexico

(No. 722)

W. E. - three Love

File No. _____

Registered No. 165-

St. _____

Ward _____

2. FULL NAME Mary Jane Atchison

(a) Residence, No. 722 W. Love

St. _____

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

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

Jake Atchison

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

Aug. 27-1854

7. AGE

YEARS

MONTHS

DAYS

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

82

1

17

OCCUPATION

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

House Wife

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)

Montgomery County Ky.

FATHER

13. NAME

Wm. Allison

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

Ky.

MOTHER

15. MAIDEN NAME

Nancy Northcutt

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

Ky.

17. INFORMANT Mr. Jake Atchison
(ADDRESS) Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood, Mexico, Mo DATE Oct. 16, 1936

19. UNDERTAKER
(ADDRESS)

Chas. Arnold Jr.
Mexico, Missouri

20. FILED

Oct 14 1936 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13 1936, to Oct 14 1936

I last saw her alive on Oct 14 1936. Death is said

to have occurred on the date stated above, at 2 A. m.

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

Date of onset

Other contributory causes of importance:

Name of operation none

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 _____, 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) Paul E. Cant

M. D.

(Address) Mexico Mo

