5. 7

NOV 17 1936

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

Do not use this space.

36655

1. PLACE OF DEATH
County Benton
Township W. White
City ~~[illegible]~~
Registration District No. 60
Primary Registration District No. 5095
File No.
Registered No. 19.
(No. , St. Ward)

2. FULL NAME Annie E Atkisson

(a) Residence, No. 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 ~~Married~~ J. W. Atkisson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17 – 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	1	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Benton Co. Mo.

FATHER
13. NAME Henson G. Fristoe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo.

MOTHER
15. MAIDEN NAME Eliza Davidson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo.

17. INFORMANT (ADDRESS) Earle W. Fristoe Windsor Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Warsaw Mo DATE 10-24 – 1936

19. UNDERTAKER (ADDRESS) J. B. Calbert Lincoln Mo

20. FILED Nov. 7 1936 Mrs. Amy L. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to Oct 22, 1936
I last saw her alive on Oct 22, 1936. Death is said to have occurred on the date stated above, at 7:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1-10-36

Other contributory causes of importance:

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? 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) T. A. Bleekmore, M. D.
(Address) Windsor, 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.