

JAN 22 1937

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

Do not use this space.

45805

1. PLACE OF DEATH

County Pike
Township Indian
City Indian (No. 1)

Registration District No. 686
Primary Registration District No. 3914

File No.
Registered No. 26
St. Ward

2. FULL NAME

Samuel T. Atkinson

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Cynthia Atkinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 13 1883</u>		
7. AGE <u>94</u> YEARS	MONTHS <u>11</u>	DAYS <u>2</u>
If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County</u>
	13. NAME <u>Charles Atkinson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Willie</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mont. Tenn</u>

17. INFORMANT (ADDRESS) <u>Jas Atkinson</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Reco Harmony</u> DATE <u>Dec 16 36</u>

19. UNDERTAKER (ADDRESS) <u>W. S. Waters, Vandalia</u>
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20. FILED <u>Dec 16 1936</u> <u>Mrs. Gene Henderson</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 1.2 m.

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

Date of onset

Other contributory causes of importance:

Name of operation 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?
If so, specify

(Signed) Porter Thompson M.D.
(Address) Boherty Green Mo.

