

FEB 16 1937

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

52  
Do not use this space.

652

1. PLACE OF DEATH

County Clinton Registration District No. 208  
Township Hardon Primary Registration District No. 5288  
City Grayson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Orin Sylvester Atkins  
(a) Residence, No. Grayson, Mo. 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Maude Atkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>26 of July, 1884</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>5</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>blacksmith</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>24</u>		
10. Date deceased last worked at this occupation (month and year) <u>January, 1936</u>		11. Total time (years) spent in this occupation <u>29 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> <u>Clinton County</u>		
13. NAME <u>Lennard Atkins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Laura Shannon</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Mrs. Maude Atkins</u> (ADDRESS) <u>Grayson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. H. Zion</u> DATE <u>January 6, 1937</u>		
19. UNDERTAKER <u>H. G. Sullivan</u> (ADDRESS) <u>Grayson, Mo.</u>		
20. FILED <u>Jan 7, 1937</u> <u>Mrs. Lela Shackelford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17th, 1936, to Jan 4th, 1937  
I last saw him alive on Dec 4th, 1936. Death is said to have occurred on the date stated above, at 6:15 A.M.  
The principal cause of death and related causes of importance were as follows:  
myocarditis supra 7-17-1936  
Date of onset

Other contributory causes of importance:  
Subacute Tuberculosis supra 7-17-36

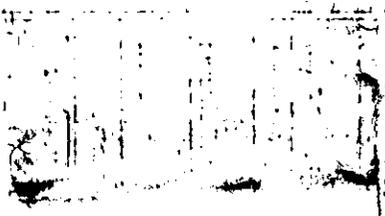
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (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 J. C. Starks  
(Signed) J. C. Starks, M. D.  
(Address) Grayson 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.



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