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.

MAR 5 - 1937

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

Do not use this space.

File No. 8414

Registered No. 1866

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. 175, 22ND ST. St. ..... Ward)

2. FULL NAME LETHER ATKINS

(a) Residence, No. 175 S. 22ND. St., 22 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: FEM.

4. COLOR OR RACE: COL

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: LUCIUS ATKINS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAR 4, 1878

7. AGE: Years 58 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ARKANSAS

FATHER

13. NAME: UNKNOWN

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

MOTHER

15. MAIDEN NAME: UNKNOWN

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

17. INFORMANT (ADDRESS): LUCIUS ATKINS 175 S. 22ND ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St. Louis Ill DATE 2/14, 1937

19. UNDERTAKER (ADDRESS): R.M.C. GREEN 3517 LACLEDE AVE

20. FILED FEB 13 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937 to Feb 11, 1937 (last saw h.. alive on Feb 10, 1937) Death is said to have occurred on the date stated above, at 1:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive pernicious anemia	1933
710	

Other contributory causes of importance:

Dilatation of the stomach cause unknown	1933

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood ..... 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) J. S. Jaques M. D.
(Address) 2131 Market St.