

APR 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County OregonTownship ThayerCity ThayerRegistration District No. 632Primary Registration District No. 4322File No. 12847Registered No. 17 St. \_\_\_\_\_ Ward)2. FULL NAME Clifford R 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 4 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF LilBusby

(OR) WIFE OF

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

Nov 8 1867

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

69412day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Dentist9. 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)

Rushville

(STATE OR COUNTRY)

Ill.

MOTHER / FATHER

13. NAME

John T Atkinson

14. BIRTHPLACE (CITY OR TOWN)

West Va.

(STATE OR COUNTRY)

15. MAIDEN NAME

Emily Rudd

16. BIRTHPLACE (CITY OR TOWN)

Iowa.

(STATE OR COUNTRY)

17. INFORMANT

Mrs. C.H. Atkinson

(ADDRESS)

Alton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cave Spring

DATE

3/23/37

19. UNDERTAKER

Leo Carr Thayer Mo..

(ADDRESS)

20. FILED

Mar 23 1937 George Johnson

Registrar.

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

3/20/37

19

22. I HEREBY CERTIFY, That I attended deceased from

2-17-37, 1937, to 3-20-37, 1937I last saw him alive on 3-20, 1937 Death is saidto have occurred on the date stated above, at 5:45 a.m.

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

Carbolic Acid Poisoning  
(Suicide)

Date of onset

3-17-37

Other contributory causes of importance:

Chronic Nephritis  
Chronic Alcoholism

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) W. Cooper

, M. D.

(Address) Thayer Mo.Clifford R Atkisson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

