

AUG 25 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27677

1. PLACE OF DEATH

County Lincoln
 Township Union
 City (No. St. Ward)

Registration District No. 490Primary Registration District No. 5653File No. Registered No.

2. FULL NAME

(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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Atkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 1868

7. AGE YEARS 68 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) near Whiteside, Mo. (STATE OR COUNTRY) Missouri

13. NAME Thomas Bufford

14. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY)

15. MAIDEN NAME Mary Elizabeth James

16. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY)

17. INFORMANT T. L. Atkins (ADDRESS) Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mill Creek DATE 6-20-1937

19. UNDERTAKER King Bros (ADDRESS)

20. FILED 6-23- 1937 O.H. Timmon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1937

22. 4/23 HEREBY CERTIFY That attended deceased from 1937 to 6/18 1937

I last saw alive on June 18 1937 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:

Cerebral hemorrhage Date of onset

Other contributory causes of importance:

Chronic myocarditis

Name of operation Date of What test confirmed diagnosis? Paralysis 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? NoIf so, specify (Signed) J. B. Hooger M. D.(Address) Whiteside - Mo.

