

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

Do not use this space.

1. PLACE OF DEATH

County *Greene*

Registration District No. *316*

Township

Primary Registration District No. *2001*

City

Springfield (No. *1035 West Elm St.*)

File No. *2768*

Registered No. *30*

St.

Ward

2. FULL NAME

(a) Residence, No. *1035 West Elm St.*

(Usual place of abode)

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

Male

4. COLOR OR RACE

White

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

married

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

Raymond B. Atkins

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

July 31, 1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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

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) (STATE OR COUNTRY)

Springfield Mo

13. NAME

Raymond B. Atkins

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

Springfield Mo

15. MAIDEN NAME

Viola Wilkerson

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

Springfield Mo

17. INFORMANT (ADDRESS)

Raymond B. Atkins

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Springfield Mo

19. UNDERTAKER (ADDRESS)

Springfield Mo

20. FILED

Jan 9, 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan 4, 1938

I last saw him alive on *Jan 4, 1938*

Death is said

to have occurred on the date stated above, at *6 A.* m.

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

Pulmonary T. B.

With Hemorrhage.

Date of onset

Jan 6

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

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)

C. E. Feller, M. D.

(Address)

Springfield Mo

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH