

REC'D APR 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH11477
Do not use this space.

1. PLACE OF DEATH

(a) County Miller
(b) Township Saline
(c) City EldonRegistration District No. 561
Primary Registration District No. 4330Registered No. 19(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Levi Anthony Atkisson 322
(a) Residence, No. Eldon Missouri St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Atkisson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 18737. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 17OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto Parts
9. Industry or business in which work was done, as law firm, bank, etc. Jobber
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) Barnell, Mo.FATHER 13. NAME Harley C Atkisson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OhioMOTHER 15. MAIDEN NAME Cynthia Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT (ADDRESS) Donald Kelsey
Eldon, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon, Mo DATE 3/29 193819. FUNERAL DIRECTOR (ADDRESS) Keith M. Kays
Eldon, Mo.20. FILED 3-28 1938 Belle Haynes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26 193822. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1938, to Mar. 26 1938I last saw him alive on Mar. 26 1938. Death is said to have occurred on the date stated above, at 11:55 A.M.

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

Local Pneumonia of the Right Lung Date of onset 3-20 1938Other contributory causes of importance: Influenza
Obstruction of neck IV-ve
BladderName of operation None Date of _____
What test confirmed diagnosis? Clinical 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? No
If so, specify _____(Signed) B. B. Shellen M. D.
Eldon (Address) Mo.

STATEMENT BY LICENSED EMBALMER

I, Keith M. Kays, Licensed Embalmer No. 3998
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Keith M. Kays
Licensed Embalmer No. 3998

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)