REC'D AUG 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Audrain
Township: Salt River
City: Mexico Mo (No. 420 E. Lafayette St. Ward)
Registration District No. 26
Primary Registration District No. 3002
File No. 24609
Registered No. 102

2. FULL NAME: Jesse Atchison
(a) Residence, No. 420 E Lafayette St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown
7. AGE: about 50 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: House Work
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): Jonesburg, Mo

FATHER
13. NAME: Thomas Rogers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles

MOTHER
15. MAIDEN NAME: Latissue Pittman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jonesburgs Mo

17. INFORMANT (ADDRESS): Mrs Jean Foster Mexico Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood DATE: 7-14-38
19. UNDERTAKER (ADDRESS): A. E. Reynolds Mexico Mo
20. FILED: July 14, 1938 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-11-1938
22. I HEREBY CERTIFY, That I attended deceased from 7-1-1938, to 7-11-1938
I last saw her alive on 7-11-1938 Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Chronic Nephritis
Date of onset
Other contributory causes of importance:
Arteriosclerosis
Name 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) N. J. Ector, M. D.
(Address) Mexico, Mo.

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