

RECORDED FEB 6 1938

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

Do not use this space.

1. PLACE OF DEATH

72 County NEW MADRID
Township WEST

Registration District No. 6035799
Primary Registration District No. 43579

File No. 3262

City 324 (No. _____) St. _____ Ward _____ Registered No. _____ (If nonresident, give city or town and State)

2. FULL NAME CARRIE ATCHLEY

(a) Residence, No. _____ St. _____ Ward _____
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>NOAH ATCHLEY</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR. 19-1886</u>		
7. AGE	YEARS	MONTHS
	<u>51</u>	<u>3</u>
		DAYS
		<u>27</u>
		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. <u>HOUSEWORK</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 15-1937</u>	
	11. Total time (year) spent in this occupation. <u>Life</u>	

12. BIRTHPLACE (CITY OR TOWN) New Madrid County
(STATE OR COUNTRY) MISSOURI

FATHER 13. NAME Jim Gipson

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

MOTHER 15. MAIDEN NAME (UNKNOWN) TATE

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

17. INFORMANT Doug Reckley
(ADDRESS) 207 ESSEX, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MATTHEWS, Mo DATE July 16 1937

19. UNDERTAKER H. J. Welch
(ADDRESS) Sikeston, Mo

20. FILED John Parrish
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to July 15, 1937
I last saw her alive on July 15, 1937. Death is said to have occurred on the date stated above, at 4:00 p. m.

The principal cause of death and related causes of importance were as follows:
M. B. Lunge
Date of onset

Other contributory causes of importance: 73'

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) J. E. Wallin, M.D.
(Address) Sikeston, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

