

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

Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH

County Jackson
 Township 1st
 City Kansas City, Mo.

Registration District No. 395
 Primary Registration District No. 1002

File No. 5318
 Registered No. 512
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2602 Highland St., 4th Ward.

(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1900

7. AGE YEARS 90 MONTHS _____ DAYS _____
 or LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Ky.

FATHER 13. NAME Jordan Atkins

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

MOTHER 15. MAIDEN NAME Millie Parker

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

17. INFORMANT W. Annie Carrie Beasley (ADDRESS) 2602 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Springton DATE Feb. 8 1939

19. UNDERTAKER W. W. Baker (ADDRESS) Springton, Mo.

20. FILED 7 1939 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 - 1939 to Feb. 7 - 1939

I last saw him alive on Feb. 7 - 1939 Death is said to have occurred on the date stated above, at _____

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

Arterio-sclerotic
Insufficiency

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? By Sec. 20 Was there an autopsy? 20

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) L. W. Booker, M. D.
 (Address) 2028 Vine St.

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.

