

DESD MAY 19 1939

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

16253  
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 806  
(b) Township Pineville Primary Registration District No. 4485  
(c) City Queeneity MO (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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 2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 325 Maisey Josephine Atkinson St. Queeneity MO  
(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 female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Atkinson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 April 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (year) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond MO

13. NAME Wm Neely

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

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) John Atkinson  
Queeneity MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Tas Cemetery DATE Mar 17 1939

19. FUNERAL DIRECTOR (ADDRESS) Wm H. Allen  
Queeneity MO

20. FILED 3/17 1939 J.T. Jones - by Olive B. Jones  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1939  
22. I HEREBY CERTIFY, That I attended deceased from Mar 14 1939 to Mar 16 1939  
I last saw him alive on Mar 16 1939. Death is said to have occurred on the date stated above, at 9 P m.  
The principal cause of death and related causes of importance were as follows:

Broncho - Pneumonia Date of onset 3/14/39

Other contributory causes of importance: 107K

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) \_\_\_\_\_, M. D.

(Address) Queeneity MO

RECEIVED

District Health Officer No. 10

Dict Filo Number 10-38-437

Date Filed MAY 11 1939

STATEMENT BY LICENSED EMBALMER

I, Wm J West, Licensed Embalmer No. 2882

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

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.)