

ESTD JUL 19 1939

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

23144  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois <sup>3</sup> Registration District No. 773  
(b) Township St. Francois Primary Registration District No. 60184  
(c) or Near Farmington (d) Street No. State Hospital No. 4 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 325 Annie M. Atkinson

(a) Residence, No. Bagnell, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1877 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 ? ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown  
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 (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Father

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

15. MAIDEN NAME Mother

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

17. INFORMANT Records of State Hospt. #4 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospt. #4 DATE 6-7 1939  
Cemetery

19. FUNERAL DIRECTOR (NAME) C. Hugo Cozean (ADDRESS) Farmington, Mo.

20. FILED June 6, 1939 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1- 1939 to 6-3- 1939

I last saw h. or alive on 6-2 1939 Death is said to have occurred on the date stated above, at 12:30a.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1935(?)

Other contributory causes of importance: 33  
Dementia Praecox Psychosis

Name of operation Date of  
What test confirmed diagnosis? 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  
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) Geo. R. Mulvey M. D.  
699 (Address) Farmington, 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*[Handwritten signature]*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*[Handwritten signature: C. Hugo Coz]*

Licensed Embalmer No. *4078*

P. O. Address *Farmington*

**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.)**

**If this body is not embalmed, above space should be left blank.**