

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.

REC'D AUG 17 1939

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

Do not use this space.

1. PLACE OF DEATH

County Boyer  
Township White  
City Piscola (No. 322)

Registration District No. 60  
Primary Registration District No. 5095

File No. 24971  
Registered No. 9 Ward

2. FULL NAME

James William Atkisson  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna E Atkisson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18 1856</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>1</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>farmer</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Warsaw Mo. (STATE OR COUNTRY)

13. NAME Joe Atkisson

14. BIRTHPLACE (CITY OR TOWN) Don't know. (STATE OR COUNTRY) Don't know.

15. MAIDEN NAME Mary Parks

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

17. INFORMANT Earl W. Frieser Windsor Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cem. DATE July 17 1939

19. UNDERTAKER J. B. Callout (ADDRESS)

20. FILED July 1st 1939 Mrs. Amy K. Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1938 to July 14 1939

I last saw him alive on July 7 1939. Death is said to have occurred on the date stated above, at 5:20 P.m.

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

Valvular Heart Disease Date of onset 1934

Other contributory causes of importance: 23  
Pulmonary Tuberculosis 1938

Name of operation \_\_\_\_\_ 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) J. A. Blackmore, M. D.

(Address) Windsor Mo.

RECEIVED  
District Health Officer No. 7<sub>A</sub>  
District File Number 7-29-115-7  
Date Filed 8-7-39