

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

33351
Do not use this space.

1. PLACE OF DEATH

(a) County Ripley Registration District No. 750
(b) Township 1 Primary Registration District No. 144.51
(c) City Doniphan 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME. SETTIE A. ATKINSON.

(a) Residence, No. _____ 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 <u>F</u>	4. COLOR OR RACE <u>W</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>William James Atkinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 26 1874</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>8</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>house wife</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) (STATE OR COUNTRY) <u>Illinois</u>		
FATHER	13. NAME <u>Martin Coonce</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Guttell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT <u>Martha Atkinson</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chenest Cem.</u> DATE <u>Sept 23</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Black's mortuary</u> <u>Doniphan mo.</u>		
20. FILED <u>Sept. 22, 1939</u> <u>C. B. Johnston</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1939 to Sept 21 1939
I last saw him alive on Sept 21 1939. Death is said to have occurred on the date stated above, at 9:30
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset Sept 21 1939

Other contributory causes of importance: hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? no
If so, specify _____
(Signed) Clifford G. Goff M. D.
(Address) Doniphan 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.....

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

working under my personal supervision.

RECEIVED

District Health Officer No. 8,

District File Number 1039333

Date Filed 10-1-88

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.

Signed.....

Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark