

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 NOV 24 1939

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

Campbell

36866

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township 1 Primary Registration District No. 3032
(c) City Sedalia (d) Street No. 1009 So. Vermont 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 Agnes Hayhurst Atkinson

(a) Residence, No. 1009 So. Vermont St. ☐
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Atkinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 5
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. Housewife
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) England 4

FATHER 13. NAME Robert Harris 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 7

MOTHER 15. MAIDEN NAME Unknown 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Mrs. Glenn Cox
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Oct. 16, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 10-16, 1939 Mrs. Harry Snodgrass
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-15-39 to 10-13-39, 1939.
I last saw her alive on 10-13-39 1939 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
14 W
Date of onset

Other contributory causes of importance:
Heart trouble
& indigestion for many years

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 _____, 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) A. J. Campbell M. D.
(Address) Sedalia, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/7/39

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, _____

Geo. Dillard, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, Mo.

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.