

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

Do not use this space.

44338

**1. PLACE OF DEATH**

County Pike  
Township Indian  
City 325 Abraham Wallace Atkinson (No. 1)

Registration District No. 686  
Primary Registration District No. 5914

File No. ....  
Registered No. 13  
St. .... Ward)

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28 . 19 39

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Atkinson

22. I HEREBY CERTIFY, That I attended deceased from 1937 to 12/28, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1862

I last saw him alive on 12/14, 1939 Death is said to have occurred on the date stated above, at 6 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 77 9 3

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach Date of onset 1/28

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

46  
Other contributory causes of importance:  
Ulcer of Stomach (Peptic) Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashley Pike Co. Missouri

FATHER 13. NAME Johnson Atkinson

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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

MOTHER 15. MAIDEN NAME Lucella Fritchett

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.

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

17. INFORMANT Emmett Atkinson (ADDRESS) Curryville, Mo

Manner of injury .....  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling Green Cem DATE Dec 30 1939

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

19. UNDERTAKER Mrs Grace Bankhead (ADDRESS) Bowling Green Mo

(Signed) J. M. Mathews M. D.  
(Address) Bowling Green Mo

20. FILED Dec 30 1939 Gene E. Hendrix Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 1-40-42

Date Filed JAN 4 1940