

**FILED OCT 27 1945 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33359

1. PLACE OF DEATH

County Candlen
City Osage Beach (No. 1)

Registration District No. 50
Primary Registration District No. 5179

File No. _____
Registered No. 33
St. _____ Ward _____

2. FULL NAME

Pearl Louise ATKchison

(a) Residence, No. Davenport, Iowa St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

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 P.B. ATKchison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 yrs. 1894 April 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data deceased last worked at this occupation (month and year) Aug. 29, 1945 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneseo, Ill.

13. NAME Williams J. Wiemeke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneseo, Ill.

15. MAIDEN NAME Ester O. Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneseo, Ill.

17. INFORMANT (ADDRESS) Mrs. E. R. Hahn, pfd., Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Geneseo, Ill. DATE Oct 1, 1945

19. UNDERTAKER (ADDRESS) Wm. J. Hellen, Geneseo, Mo.

20. FILED Oct 5 - 1945 19 Julpha J. Jaw Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1945

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1945 to Sept. 20, 1945

I last saw him alive on Sept 20, 1945 Death is said to have occurred on the date stated above, at 9:30 A. M.

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

Cerebral Hemorrhage

Date of onset 4-5

Other contributory causes of importance: negative 8301

Name of operation None Date of _____

What test confirmed diagnosis? no Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation? no

If so, specify no (Signed) E. J. Blair, M.D. (Address) Candentort, Mo.

9461 9 MAY 8 1945
OCT 27 1945

OCT 10 1945

Office No. 71
10-45-1047
10-26-45

Louis D. Phillips
Residence # 3662
- Cedar, Mo.