

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

Do not use this space.

920

1. PLACE OF DEATH

County Henry
Township Bougard
City Blairstown (No. _____)

Registration District No. 347
Primary Registration District No. 5485

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME Oliver Atkinson,

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Temple Atkinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3rd 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) 1933
11. Total time (years) spent in this occupation.

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

13. NAME L.J. Atkinson

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

15. MAIDEN NAME Millie Morgan

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

17. INFORMANT George Atkinson
(ADDRESS) Blairstown, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carpenter DATE Jan 14-34

19. UNDERTAKER Sweeney-Cook
(ADDRESS) Chilhowee Mo

20. FILED 1-23 1934 J.R. Kampton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Jan 14, 1934
I last saw him alive on Jan 12, 1934 Death is said to have occurred on the date stated above, at 9 A m.

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

Tuberculosis of Lungs
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) H.A. Cancey, M. D.
(Address) Blairstown

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.

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

FEB 27 1934
42

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