

MAY 20 1937

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

Do not use this space.

16487

1. PLACE OF DEATH  
42 County Henry Registration District No. 347  
Township Bogard Primary Registration District No. 5485  
City Blairstown (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Joe Edward Atkinson  
(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 2

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

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

FATHER  
13. NAME Lee Roy Atkinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blairstown, Mo

MOTHER  
15. MAIDEN NAME Lora F. Barnard Urich

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

17. INFORMANT (ADDRESS) Lee Roy Atkinson Blairstown, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Blairstown Cem DATE Apr 9 - 1937

19. UNDERTAKER (ADDRESS) None

20. FILED 4-13-37 J. B. Hamilton Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937, to April 8, 1937  
I last saw him alive on April 8, 1937. Death is said to have occurred on the date stated above, at 1:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Acute Gastro-Enteric Intoxication Date of onset 4/6/37

Other contributory causes of importance:  
Tharaximus

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None 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) J. C. Avery D. O.  
(Address) Blairstown, Mo

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.

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