

REC'D JUL 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County DennyRegistration District No. 347

Township

Primary Registration District No. 3018City Clinton (No. _____)

St. _____ Ward) _____

2. FULL NAME Richard Miller Atkinson(a) Residence, No. 405-E Green St., _____ Ward. _____(If nonresident, give city or town and State) 325

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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 19387. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1

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) Clinton Mo13. NAME E A Atkinson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denny Mo15. MAIDEN NAME Jessie Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanson17. INFORMANT E A Atkinson (ADDRESS) Clinton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Bethelham DATE 6/18 3819. UNDERTAKER Conroy & Peck (ADDRESS) Clinton Mo20. FILED 6-20 38 D. J. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 193822. I HEREBY CERTIFY, That I attended deceased from June 16, 1938 to June 17, 1938I last saw him alive on June 17, 1938 Death is saidto have occurred on the date stated above, at 9 P. M.

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

Enlarged Thyroid

Date of onset

Completed

Other contributory causes of importance:

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) Geo. S. N. [Signature] M. D.(Address) Clinton Mo

312

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.

