

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Mitchell
Vol. 20 Page 228
Ino. Town.....
City.....

Registration District No. 871
Primary Registration District No. 2139

File No. 2192
Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John S. Atkinson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
6 DATE OF BIRTH <u>July 5, 1937</u> (Month) (Day) (Year)		
7 AGE <u>82</u> yrs. <u>6</u> mos. <u>13</u> ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work... <u>Retired Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer).....		
9 BIRTHPLACE (State or country) <u>Mitchell County Ky</u>		
PARENTS	10 NAME OF FATHER <u>John S. Atkinson</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>North Carolina</u>	
	12 MAIDEN NAME OF MOTHER <u>Not Given</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>N.C.</u>	

16 DATE OF DEATH
Jan 18, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 191....., to....., 191....., that I last saw h..... alive on....., 191....., and that death occurred on the date stated above at 11 A.M. The CAUSE OF DEATH was as follows:
Dilatation of heart
Heart failure
in puerperal attack
(Duration)..... yrs..... mos..... ds.

Contributory..... (Duration)..... yrs..... mos..... ds.
(Signed) J. S. Atkinson, M. D.
Jan 18, 1920 (Address) Greenville

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas Atkinson
(Address) White Plains Ky

19 PLACE OF BURIAL OR REMOVAL
Atkinson Bk
DATE OF BURIAL
Jan 20, 1920

15 Filled 1/18 1920 by E. B. Wickliffe
REGISTRAR

20 UNDERTAKER
McDonald & DeWitt
ADDRESS
Greenville

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. See instructions on back of certificate.