

JUN 13 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Pemissco  
 Township Braggadocio  
 City (No. ....) St. .... Ward)

Registration District No. 653  
 Primary Registration District No. 5871

File No. 178  
 Registered No. 178

## 2. FULL NAME

James Ernest Adkins  
 (a) Residence, No. Braggadocio Mo. Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gertrude E. Adkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28</u>		
7. AGE <u>28</u> YEARS	MONTHS <u>5</u>	DAYS <u>9</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Same</u>
	10. Date deceased last worked at this occupation (month and year) <u>Aug 1923</u>
	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn13. NAME Willie Adkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn15. MAIDEN NAME Rosa Hastings16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT Mrs. Gertrude Adkins (ADDRESS) Braggadocio Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Stubb Lown Mo DATE Aug 27 192319. UNDERTAKER Friends (ADDRESS)20. FILED 6-7 1935 JWH Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1923

I HEREBY CERTIFY, That I attended deceased from Aug 25 1923, to Aug 27 1923.  
 I last saw him alive on Aug 25 1923. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:  
Ruptured blood vessel  
 Date of onset 8/25 1923

Other contributory causes of importance: Peritonitis 8/26 1923

Name of operation None Date of None  
 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 8/25 1923.  
 Where did injury occur? Below - During Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
During  
 Manner of injury Rupture of blood vessel  
 Nature of injury Rupture of blood vessel

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify No

(Signed) L. D. Denton M. D.  
 (Address) Braggadocio Mo.

