

SEP 26 1927

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

Dr. Paulson

23522

1. PLACE OF DEATH

County AndrewRegistration District No. 26Township SalmonPrimary Registration District No. 3002City Mexico Mo. (No.)File No. Registered No. 115St. Ward

2. FULL NAME

(a) Residence. No. 8080 1/2 Ave. St. 3rd Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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 OFW. H. Adkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 3 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

63025day, hrs.
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Moniteau Co. Mo.

10. NAME OF FATHER

David Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

12. MAIDEN NAME OF MOTHER

D. N.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

D. N.

PARENTS

14.

INFORMANT
(Address)Des. Adkins
Mexico Mo.

15.

FILED

19

Sept 1st 27
Ira S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28th 19 27

17.

I HEREBY CERTIFY, That I attended deceased from Aug 28, 1927, to Aug 28, 1927, that I last saw her alive on Aug 28, 1927, and that death occurred, on the date stated above, at 8:58 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

ExsanguinationCONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. Miller M. D.(Address) Mexico, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Elmwood (Mexico Mo.)Aug. 30 - 1927

20. UNDERTAKER

ADDRESS

McPherson Bros.Mexico Mo.

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.

