

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

Do not use this space.

35847

1. PLACE OF DEATH

County Andrew
Township Northway
City Northway (No. _____)

Registration District No. 13
Primary Registration District No. 5016

File No. _____
Registered No. 77
St. _____ Ward _____

2. FULL NAME

Maggie Adkins

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 - 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>11</u>	<u>25</u>	<u>—</u>

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) Missouri
(STATE OR COUNTRY) Andrew Co

PARENTS

10. NAME OF FATHER Thomas Stanton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Northway
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Elizabeth H. Norton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) Way Co

14. INFORMANT Mrs. Ella Cusumano
(Address) Savannah, Mo.

15. Dec 11 1927 E. C. Juffer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-10 1927

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1927, to Dec 10, 1927, that I last saw her alive on Dec 5, 1927, and that death occurred, on the date stated above, at 10:38 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

interstitial nephritis
131
129
(duration) yrs. 7 mos. 28 ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) R.P. Helley, M.D.
12-16 (Address) Savannah 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 Fair View DATE OF BURIAL 12-11-1927

20. UNDERTAKER E. C. Juffer ADDRESS Savannah Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1928
17

