

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

Do not use this space.

271

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 100f

City St. Joseph.

(No. Missouri Methodist Hospital.)

File No.

Registered No. 79

St.

Ward

2. FULL NAME Nettie Adkins.

(a) Residence. No.

St.

Ward.

Elmo Missouri.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

2 ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

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

John Adkins.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 6, 1865.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

62

5

12

8. OCCUPATION OF DECEASED

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

House-work.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Elmo

(STATE OR COUNTRY)

Missouri.

10. NAME OF FATHER

Samuel D. Fairbanks.

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown.

(STATE OR COUNTRY)

Vermont.

12. MAIDEN NAME OF MOTHER

McCord.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown.

(STATE OR COUNTRY)

Unknown.

14.

INFORMANT Pearl Sloan.

(Address)

Elmo Missouri

15.

FILED JAN 18 1928

John G. Up  
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 18,

19 28

17.

I HEREBY CERTIFY That I attended deceased from Jan 17 1928, to Jan 18 1928, and that I last saw him alive on Jan 18, and that death occurred, on the date stated above, at 2.25 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart affection of minor - Premia  
Smacrotaphy 12 days  
for 12 days

(duration)

yrs.

mos.

1 ds.

CONTRIBUTORY (SECONDARY)

Heart affection of minor - Premia

(duration)

yrs.

mos.

1 ds.

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

1/18, 19 28 (Address)

\*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

Maryville Missouri.

Jan 20

19 28

20. UNDERTAKER

ADDRESS

H.O. Tidwell

1802 Union St.

