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

Do not use this space.

19286

23 1929

1. PLACE OF DEATH
County St Louis
Registration District No. 788
Township
Primary Registration District No. 4471
City Webster Groves Mo No. 516 Tuxedo Ave St. Ward)
File No.
Registered No. 51

2. FULL NAME Mary E. Adkinson
(a) Residence. No. 516 Tuxedo St., 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. 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 James H. Adkinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 - 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
83	6	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) O'Fallon
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER William Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) St Clair Co - Ill
12. MAIDEN NAME OF MOTHER Sarah Beadle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Clair Co - Ill

14. INFORMANT Mrs Elma A. Utter
(Address) 516 Tuxedo Ave

15. FILED 5-6, 1929 Webster Groves Mo Arthur W Westrup REGISTRAR
per Elsie Henson

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1929, 19, to May 5, 1929 that I last saw her alive on May 5, 1929, and that death occurred, on the date stated above, at 11 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
97A "Gastric Crisis"
97
118c (duration) ? yrs. ? mos. ds.

CONTRIBUTORY (SECONDARY) Mitral stenosis + regurgitation
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? not known
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys. exam.
(Signed) Frank P. Gaunt, M. D
5/6, 199 (Address) 122 W. Lockwood Ave.

*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: O'Fallon - Ill
DATE OF BURIAL: May 7th 1929

20. UNDERTAKER: C. R. Lupton
ADDRESS: 4449 Olive St

122 W. Lockwood