

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

Do not use this space.

37636

1. PLACE OF DEATH

County Laclede
Township Lebanon
City Lebanon

Registration District No. 449
Primary Registration District No. 3709

File No. _____
Registered No. 15355
St. _____ Ward _____

2. FULL NAME

Irene Estline Adkins

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Mr. Adkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14th 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fanner
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Laclede, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Atkins Vernon

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

12. MAIDEN NAME OF MOTHER Lara Wyatt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lebanon
(STATE OR COUNTRY)

14. INFORMANT Harry Adkins
(Address) Lebanon Mo

15. FILED 11/22, 1929 J. M. Bellinger
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 20 1929

17. I HEREBY CERTIFY, That I attended deceased from 11/20/29, 1929, to 11/20/29, 1929, that I last saw h. e. k. alive on _____, 1929, and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Some heart trouble. Think it acute dilatation.

Died instantly (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Chronic Arthritis
(duration) 10 yrs. or more

18. WHERE WAS DISEASE CONTRIBUTED IF NOT A PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J. A. McCann, M. D.

11/22, 1929 (Address) Lebanon, 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 Adkins Cemetery DATE OF BURIAL 11/22 1929

20. UNDERTAKER Palmer ADDRESS Lebanon

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. 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.

