

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

Do not use this space.

21604
55

1. PLACE OF DEATH

County *Scott*
Township *Richland*
City *Terre Haute*

Registration District No. *82*
Primary Registration District No. *6070*

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

William Byrd Adkins

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

Length of residence in city or town where death occurred *29* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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 OF

Laura S. Webb

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

June 3 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72

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8. OCCUPATION OF DECEASED

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

Merchant

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

Gen mdr.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pickneyville Perry Co., Del.

10. NAME OF FATHER

Martin Adkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Perry Co. Del.

12. MAIDEN NAME OF MOTHER

Mahissa Keller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Perry County Del.

14.

INFORMANT (Address)

*Arnie Utley
Crownpoint, N.M.*

15.

FILED

7/7/30
Walter E. Adams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 3 1930

17.

I HEREBY CERTIFY, That I attended deceased from *May 15*, 19*30*, to *June 3*, 19*30*, and that I last saw him alive on *May 15*, 19*30*, and that death occurred, on the date stated above, at *12:05* p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis chronic
750

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? *yes* DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *W. H. Russell*, M. D.

6-8, 19*30* (Address) *Seaton*

*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

Carpenter

6/5 1930

20. UNDERTAKER

ADDRESS

W. H. Russell Seaton 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 in very important.

