

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.

NOV 3 1930

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

Do not use this space.

1. PLACE OF DEATH
 County Gasper Registration District No. 416
 Township Carroll Primary Registration District No. 4244
 City Carroll (No. _____) St. _____ Ward _____

File No. 30286
 Registered No. _____

2. FULL NAME Charles Adkins
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ moa. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov-19-1854</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>9</u>	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farming</u> (c) Name of employer <u>Self</u>				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind -</u>				
PARENTS	10. NAME OF FATHER <u>John Madkins</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind -</u>			
	12. MAIDEN NAME OF MOTHER <u>Anna Piety</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>			
14. INFORMANT <u>Henry Adkins</u> (Address) <u>Carroll Mo</u>				
15. FILED <u>9/6</u> 19 <u>30</u> <u>Henry Simmons</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Sept 4 - 30</u>	
17. I HEREBY CERTIFY, That I attended deceased from <u>July 1930</u> to <u>Sept. 4 1930</u> that I last saw him alive on <u>Aug. 25 1930</u> and that death occurred, on the date stated above, at <u>4:00 A.</u> m.	
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Cerebral appoplexy</u> <u>82A</u>	
(duration) _____ yrs. mos. <u>10</u> ds.	
CONTRIBUTORY (SECONDARY) <u>Wife</u>	(duration) _____ yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____	
18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____	
WAS THERE AN AUTOPSY? _____	
WHAT TEST CONFIRMED DIAGNOSIS (Signed) <u>J. W. Boyd</u> M. D. <u>9/5</u> 19 <u>30</u> (Address) <u>Carroll Mo</u>	
*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 <u>Carroll Cent</u>	DATE OF BURIAL <u>Sept 5 30</u>
20. UNDERTAKER <u>Carroll Ind Co</u>	ADDRESS <u>Carroll Mo</u>

by H. H. Hays

