

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 26 1930

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

Do not use this space.

33629

1. PLACE OF DEATH

County New Madrid

Registration District No. 605

Township Cross

Primary Registration District No. 4359

City Parma (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Robert Marvin Adkison

(a) Residence. No. _____ 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Oct. 22, 1930

7. AGE

YEARS

MONTHS

DAYS

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

3

8. OCCUPATION OF DECEASED

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

Nil

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Parma, Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

George M. Adkison

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Ollie Ward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

(Father) Geo. M. Adkison
Parma, Mo.

15.

FILED

Oct 29, 30 Mrs C. S. Blackman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20, 1930

17. I HEREBY CERTIFY, That I attended deceased from

Oct 22, 1930, to Oct 25, 1930

that I last saw him alive on Oct 23, 1930, and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probably malformation of circulatory system

1572

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) George Thisted, M. D.

, 19 (Address) Parma, 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

DATE OF BURIAL

Interment in

10/24/1930

20. UNDERTAKER

ADDRESS

Thomas Knight Parma Mo

