

MAR 23

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

Do not use this space.

4656

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, (No. Missouri Methodist Hospital St. \_\_\_\_\_ Ward)  
Wellford Gray Adkisson,  
 2. FULL NAME  
 (a) Residence. No. 2206 Seneca St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 16 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. 177

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) June 25, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>16</u>	<u>7</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student,  
 (b) General nature of industry, business, or establishment in which employed (or employer) Central High School  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,  
 (STATE OR COUNTRY) Missouri,

PARENTS	10. NAME OF FATHER <u>Junius Adkisson,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Joseph,</u> (STATE OR COUNTRY) <u>Missouri,</u>
	12. MAIDEN NAME OF MOTHER <u>Ruby Beamon,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Sparta,</u> (STATE OR COUNTRY) <u>Missouri,</u>

14. INFORMANT Junius Adkisson  
 (Address) 2206 Seneca Street,

15. FILED \_\_\_\_\_ 19 Feb 16 1931  
John R. Bender REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb'y 14 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-11-31 1931, to 2-14 1931, and that I last saw him alive on 2-14 1931, and that death occurred, on the date stated above, at 10:00 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Peritonitis - general  
1210  
129 (duration) yrs. mos. 4 ds.  
 CONTRIBUTORY (SECONDARY) absent  
absent (Appendicular) (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-11-31  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? operative  
 (Signed) Rene Jorgensen, M. D.  
Feb 16, 1931 (Address) St Joseph Mo

\*State the DISEASE CAUSING DEATH, 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 Ashland Cem. DATE OF BURIAL Feb'y. 16, 1931

20. UNDERTAKER Heaton-Bell & Bowman ADDRESS 319 S. 10 St.

62 S. 7th St. & Co.

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.

