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

Do not use this space.
21723

1. PLACE OF DEATH
County: Jackson — Registration District No.: 395 — File No.:
Township: Kaw — Primary Registration District No.: 1003 — Registered No.: 2858
City: Kansas City — No.: St Marys Hospital — St. — Ward)

2. FULL NAME: Chas Deakins
(a) Residence. No.: Osawatomie St., Kan. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 7-1878

7. AGE: Years: 53 — Months: 9 — Days: 28 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wood Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: Henry Deakins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Sarah Wadsworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Elsie Deakins
(Address): Osawatomie.

15. FILED 6/30, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/30 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-30, 1931, to 6-30, 1931, that I last saw him alive on 6-30-31, 19..., and that death occurred, on the date stated above, at 9 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute intestinal obstruction
Paralytic ileus
1931 A
1930 B (duration) 48 hours yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Strangulated Rt. Ing. hernia
48 hours (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Osawatomie
DID OPERATION PRECEDE DEATH? Yes DATE OF 6-30-31
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Autopsy
6/30, 1931 (Signed) James R. McVay M.D. per Albert E. Buchner M.D.
(Address)

*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: Osawatomie Ks — DATE OF BURIAL: 7/1 1931
20. UNDERTAKER: L. Reddy — ADDRESS: Osawatomie Ks

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.

WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD

Trunk Burial
permit to
L. J. Eddy
Osawatomie
Ks.