

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

Do not use this space.

42993

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo (No. City Hospital #2) St. Ward.....

File No.
Registered No. 1 25
St. Ward.....

2. FULL NAME

George Adkinson
(a) Residence, No. 3007 Lawton St. 21 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 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) 1-3-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 11 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [Redacted]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [Redacted]

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME George Adkinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

15. MAIDEN NAME Bertha Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT George Adkinson (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 1-2-1933

19. UNDERTAKER L. W. Atkins (ADDRESS) 3100 Washington St

20. FILED 2 1933 May 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1931, to 12-27, 1931.
I last saw him alive on 12-27, 1931. Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

107A
Primary
Broncho pneumonia
(non-tuberculous)
Other contributory causes of importance:
107A

Name of operation [Redacted] Date of [Redacted]
What test confirmed diagnosis? [Redacted] Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury [Redacted]
Nature of injury [Redacted]

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify [Redacted]
(Signed) [Redacted], M. D.
(Address) City Hospital #2

WRITE PLAINLY WITH UNFADING INK---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.

MARGIN RESERVED FOR BINDING

V.S. NO. 2.

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