

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH  
 County Greene Registration District No. 318  
 Township Springfield Mo. Baptist Hospital Primary Registration District No. 200  
 City Springfield Mo. Baptist Hospital St. Springfield Ward 1

2. FULL NAME Raymond Adkins  
 (a) Residence, No. Lebanon Mo. St. Lebanon Ward 1  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

## 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 Lebanon Mo.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 - 1897  
 7. AGE YEARS 35 MONTHS 0 DAYS 19  
 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) Lebanon Mo.  
 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Lebanon  
 (STATE OR COUNTRY) Missouri

13. NAME Wm. Adkins

14. BIRTHPLACE (CITY OR TOWN) Lebanon Mo.  
 (STATE OR COUNTRY)

15. MAIDEN NAME Irene Vernon

16. BIRTHPLACE (CITY OR TOWN) Lebanon Mo.  
 (STATE OR COUNTRY)

17. INFORMANT Kate Adkins  
 (ADDRESS) Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL Lebanon Mo.  
 PLACE Lebanon Mo. DATE Feb. 2 1936

19. UNDERTAKER Oliver Thompson  
 (ADDRESS) Springfield Mo.

20. FILED 2-1 1936 For Ward  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1932 to Jan. 31 1932

I last saw him alive on Jan. 31 1932 Death is said to have occurred on the date stated above, at 4 P.M.

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

Adeno carcinoma of esophagus Date of onset 11-6-32

Other contributory causes of importance: 1203

Name of operation Wm. Adkins Date of Jan. 31

What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? 19  
 Where did injury occur? 19  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1

Nature of injury 1

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

If so, specify Wm. Adkins

(Signed) Wm. Adkins M. D.

(Address) Springfield Mo.

