

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

Do not use this space.

9276

**1. PLACE OF DEATH**

66 County Miller  
Township Saline  
City Near Eldon (No. \_\_\_\_\_)

Registration District No. 561  
Primary Registration District No. 5755

File No. \_\_\_\_\_  
Registered No. 20  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Richard L Adcock

(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**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Deffleton-Adcock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1878

7. AGE YEARS 53 MONTHS 7 DAYS 9 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 237  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Miller Co (STATE OR COUNTRY) mo

13. NAME W. B. Adcock

14. BIRTHPLACE (CITY OR TOWN) Miller Co (STATE OR COUNTRY) mo

15. MAIDEN NAME Louisa Etter

16. BIRTHPLACE (CITY OR TOWN) Miller Co (STATE OR COUNTRY) mo

17. INFORMANT Harry Adcock (ADDRESS) Eldon. mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon. Cem DATE 3-30 1932

19. UNDERTAKER W A Phillips (ADDRESS) Eldon. mo.

20. FILED 3-30 1932 Belle Haynes Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/23 1932 to 3/29 1932

I last saw him alive on 3/28 1932. Death is said to have occurred on the date stated above, at 2 A. m.

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

Bronchial Pneumonia 3/23/32  
11A  
107A  
Influenza ①  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) A. D. Waller, M. D.

(Address) Eldon Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1934

