

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.

III 21 1932

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

Do not use this space.

18700

1. PLACE OF DEATH

11 County Buchanan
Township Jackson
City St. Louis (No. 1)

Registration District No. 83
Primary Registration District No. 5118

File No. 18700
Registered No. 18700 Ward 1

2. FULL NAME

Andrew Jackson Adkins

(a) Residence, No. 1 St. 1 Ward. 1
(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 Anna Adkins (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-29-1856

7. AGE YEARS 75 MONTHS 9 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farming

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) (STATE OR COUNTRY) Platte-Co-Mo

13. NAME David Adkins

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

15. MAIDEN NAME Eveline Toms

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

17. INFORMANT Mrs Emma Adkins (ADDRESS) Dearborn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE 6-14-1932

19. UNDERTAKER St. Rollins (ADDRESS) Edgerton, Mo.

20. FILED June 14 1932 W. H. Hull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-13-1932

22. I HEREBY CERTIFY That I attended deceased from May 15th 1932 to June 13th 1932

I last saw him alive on June 12th 1932 Death is said to have occurred on the date stated above, at 5 A. m.

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

Hepatic Carcinoma Date of onset 4/1/31

466 468

Other contributory causes of importance:

Name of operation 1 Date of 1
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? no Date of injury no

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 no
Nature of injury no

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

If so, specify

(Signed) J. R. Peter, M. D.

(Address) Wallace Mo

