

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.

WASH 9 1933

33251
30097-1

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

Do not use this space.

30097-A

1. PLACE OF DEATH

85 County Pulaski
Township Stinson
City Leitch (No. _____)

Registration District No. 716

Primary Registration District No. 5945

File No. _____

Registered No. 19

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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 Ruth Adkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
46 7 19

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

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

10. Date deceased last worked at this occupation (month and year) Jan 1, 1932 11. Total time (years) spent in this occupation 19 years

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

13. NAME William D. Adkins

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

15. MAIDEN NAME Mary Jones

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

17. INFORMANT (ADDRESS) Edw. Adkins

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 9/4

19. UNDERTAKER (ADDRESS) W. H. Jones

20. FILED Sept 7, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8:30 p.m.

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

Rail Road Accident
By falling under
moving train
20757

Other contributory causes of importance:
20757

Name of operation Amputation Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury Sept 6, 1932

Where did injury occur? Leitch, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall under moving train
Nature of injury Shattered pelvic vertebrae

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Railroad accident

(Signed) W. H. Jones Coonra, M. D.

(Address) Richland Mo

