

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.

4617

## 1. PLACE OF DEATH

County Missouri  
 Township Salisbury  
 City Union, Mo. (No. Adkins)

Registration District No. 26  
 Primary Registration District No. 3002

File No. 43  
 Registered No. 43  
 St. Mo. Ward

## 2. FULL NAME

(a) Residence, No. Adkins St. Mo. Ward   
 (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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
 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) Union Co., Mo.

13. NAME Henry Adkins

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Geo. Adkins (ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Mo. DATE Feb. 28, 1933

19. UNDERTAKER McPherson Bros. (ADDRESS) Union, Mo.

20. FILED Feb 28, 1933 Ira S. Mulligan Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1933, to Feb. 26, 1933

I last saw him alive on Feb. 26, 1933. Death is said to have occurred on the date stated above, at 3 P. m.

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

11A Acute Pneumonia Date of onset

107A 110

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1933

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?

If so, specify

(Signed) G. F. Pearson, M. D.

(Address) Mexico, Mo.

