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

Do not use this space.

File No. 23792

Registered No. 39

1. PLACE OF DEATH
66 County Pettis
Township Sedalia
City Sedalia (No. ..... St. ..... Ward)

Registration District No. 5-61
Primary Registration District No. 5-75-3

2. FULL NAME Thos Elijah Adkinson

(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.

SEX

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Diana Adkinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-11-1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Not Known

FATHER
13. NAME James Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Jane Sanders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Thos Elijah Adkinson California, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia DATE 7-14 1933

19. UNDERTAKER (ADDRESS) J. Hugo H. Schubert Successor to Sedalia Mo

20. FILED July 14, 1933 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1933

22. I HEREBY CERTIFY That I attended deceased from June 21, 1933, to July 13, 1933.
I last saw h[illegible] alive on July 13, 1933. Death is said to have occurred on the date stated above, at 7:35 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	
	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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? —
If so, specify .....

(Signed) Geo H Stuby, M. D.
(Address) Longeune Mo.

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 OCCUPATIONS is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

U. S. No. 2