

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

Do not use this space.

30591

1. PLACE OF DEATH

County Polaski
Township Pullen
City Waynesville (No. _____) St. _____ Ward _____

Registration District No. 713
Primary Registration District No. 5942

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 M 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 W.B. Adkinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1878
7. AGE YEARS 55 MONTHS 5 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 7-17-33 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polaski Mo

MOTHER 13. NAME John Gann

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

15. MAIDEN NAME Murtha Bell

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

17. INFORMANT (ADDRESS) W.B. Adkinson
Waynesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried Ship DATE 9. 21 - 1933

19. UNDERTAKER (ADDRESS) W.B. Deeper
Waynesville Mo

20. FILED 9120 1933 C. Adcox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-20-, 1931 to 9-19-, 1933
I last saw her alive on 8-20, 1933 Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute indigestion Date of onset 9-19-33
95 B
192 A
110 C
Other contributory causes of importance:
nephritis
uric acid
leasione

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify _____
(Signed) R.C. Fowler M.D.
(Address) Waynesville 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 OCCUPATION is very important.

U. S. 20 1933

