

FEB 27 1934

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.

40708-A

1. PLACE OF DEATH

63 County Marion  
Township Brown  
City                      (No.                     )

Registration District No. 543  
Primary Registration District No. 5743

File No.                       
Registered No. 5  
St.                      Ward                     

2. FULL NAME

Leithia T. Adkins

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John Hubbard Adkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/3/1861

7. AGE YEARS 72 MONTHS 4 DAYS 23 If LESS than 1 day, hrs.                      or min.                     

8. Trade, profession, or particular kind of work done, as splanner, 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)                      11. Total time (years) spent in this occupation                     

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

13. NAME John Copeland

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

15. MAIDEN NAME Mary Wiseman

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

17. INFORMANT Mrs. Tom Krone (ADDRESS) Brinktown, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cowden DATE Dec. 27, 1933

19. UNDERTAKER Fred H. Glicker (ADDRESS) Wagon, Mo

20. FILED Jan 5, 1934 Rosa Lawson Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Dec. 11, 1933 to Dec. 26, 1933

I last saw him alive on Dec. 26, 1933 Death is said to have occurred on the date stated above, at 10 a.m.

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

Myocarditis  
Coronary Arteriosclerosis  
(Right side)

Name of operation                      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?                      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? No

If so, specify                     

(Signed) S. E. Marton, M. D.

(Address)

