

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.

OCT 12 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33782

1. PLACE OF DEATH

County Pulaski
 Township Callen
 City _____ (No. _____) St. _____ Ward _____

Registration District No. 713Primary Registration District No. 5942

File No. _____

Registered No. _____

2. FULL NAME Bernadine Adkison

(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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1934

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) Pulaski Co.
 (STATE OR COUNTRY) Mo.

13. NAME Burt Adkison

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

15. MAIDEN NAME Lilly Shrewsbury

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

17. INFORMANT Lilly Adkison
 (ADDRESS) Wassersburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Friendship DATE Sept. 13, 1934

19. UNDERTAKER Clark Permitt
 (ADDRESS) Wassersburg Mo.

20. FILED 9/17 1934 Malott
 Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 193422. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1934 to Sept. 12, 1934

I last saw him alive on Sept. 11, 1934 Death is said to have occurred on the date stated above, at 10:15 A.M.

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

Pyramidal Amblyopia
12/11

Date of onset

Sept. 5, 1934

Other contributory causes of importance:

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? 0 Date of injury 0, 19Where did injury occur? 0

(Specify city or town, county, and State)

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

Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? 0

If so, specify _____

(Signed) C. Malott, M. D.(Address) Brookfield Mo.

