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

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.

100M-11-24-33

JAN 2 4 1935

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

Do not use this space.

42009

1. PLACE OF DEATH
County Buchanan, Registration District No. [illegible]
Township Primary Registration District No. [illegible]
City St. Joseph, (No. 3114 Lafayette St. Ward)

File No.
Registered No. [illegible]

2. FULL NAME Leona Leota Adkisson,
(a) Residence, No. 3114 Lafayette St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 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) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1865

7. AGE YEARS 69 MONTHS 8 DAYS 21 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) December 1934
11. Total time (years) spent in this occupation

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

FATHER
13. NAME James Duncan,
14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

MOTHER
15. MAIDEN NAME Mary A. Wood,
16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

17. INFORMANT Junius F. Adkisson
(ADDRESS) 2205 North 7th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Mora Cem DATE Dec. 10, 1934

19. UNDERTAKER Heaton-Byrne & Bowman
(ADDRESS) 619 No. 10th. St. Funeral Home

20. FILED 12-10 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1934, to 12-7, 1934
I last saw her alive on 12-6, 1934 Death is said to have occurred on the date stated above, at 5:25 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Aortic Insufficiency 12/1/32
[illegible]

Other contributory causes of importance: Chronic Rheumatism 1929

Name of operation Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Walter L. Hansen, M. D.
(Address) 2802 Jules St.