

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

928

FEB 25 1935

1. PLACE OF DEATH

County GreeneRegistration District No. 318

Township

Primary Registration District No. 2001City Springfield(No. 2454 East Ave)

File No.

Registered No. 22

St. Ward)

2. FULL NAME

Clara Nadine Adkins(a) Residence, No. 2454 East Ave

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND-OF
(OR) WIFE OFCarl L. Adkins

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

Jan 14, 1912

7. AGE

YEARS

23

MONTHS

0

DAYS

4If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House wife9. 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)

McDonald Co. Missouri

FATHER

13. NAME

William Joseph Ray

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Angie Turner

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Carl L. Adkins
2454 East Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE East LawnDATE Jan 20, 1935

19. UNDERTAKER

(ADDRESS)

F. P. Thier
Springfield Mo

20. FILED

1-20, 1935R. W. Langston

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

January 18, 1935

22. I HEREBY CERTIFY That I attended deceased from

January 5, 1935 to Jan. 19, 1935I last saw her alive on Jan. 19, 1935 Death is saidto have occurred on the date stated above, at 5:30 m.

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

Date of onset

Carcinoma of head
of the Pancreas

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? Date of injury

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)

Ch. Tucker

M. D.

(Address)

220 W. Cornhill StSpringfield Mo

