

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.

MAR 27 1935

1. PLACE OF DEATH

County Maries
Township Boone
City Meta (No., St., Ward

Registration District No. 543
Primary Registration District No. 5743

File No. 6042
Registered No. 1

2. FULL NAME Mary Elizabeth Adkins

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. X mos. X ds. X How long in U. S., if of foreign birth? X yrs. X mos. X ds. (If nonresident, give city or town and State)

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 Butler Adkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
77 X 29 X

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

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

10. Date deceased last worked at this occupation (month and year) December 1934 11. Total time (years) spent in this occupation life

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

13. NAME Lidel Lambeth

14. BIRTHPLACE (CITY OR TOWN) Osage County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Unknown

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

17. INFORMANT Lealie Adkins
(ADDRESS) Meta, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rowden Cemetery DATE Feb 4, 1935

19. UNDERTAKER
(ADDRESS)

20. FILED Feb 4, 1935 Mrs. Rosa Lawrence
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1934, to Jan 5, 1935

I last saw h. e. r alive on Jan 5, 1935 Death is said

to have occurred on the date stated above, at 11 p. m.
The principal cause of death and related causes of importance were as follows:

Mitral stenosis unknown Date of onset

Other contributory causes of importance:

Name of operation X Date of XWhat test confirmed diagnosis? X Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19X

Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? NOIf so, specify X(Signed) Mrs. Rosa Lawrence M. D.(Address) BRANKTOWN, MO

