MAY 13 1935

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

Do not use this space.

14506

1. PLACE OF DEATH St. Mary's Infirmary

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Missouri (No. 1536 Papin St. Ward)

File No. .....

Registered No. 3339

2. FULL NAME Adkinson, Add

(a) Residence, No. 3017 Lawton St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Alice Adkinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-24-1908

7. AGE: YEARS 26 MONTHS 7 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Arkadelphia Arkansas

FATHER

13. NAME John Adkinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkadelphia Ark.

MOTHER

15. MAIDEN NAME Callie Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkadelphia Ark.

17. INFORMANT (ADDRESS) Callie Adkinson - Mother 3017 Lawton Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE 4-15-35, 19

19. UNDERTAKER (ADDRESS) Garner & Love Undertaking Co. 3103 Washington Ave

20. FILED APR 12 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935, 19, to April 9, 1935, 19

I last saw him alive on April 9, 1935, 19 Death is said to have occurred on the date stated above, at 11:10AM

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

Acute Hepatitis toxic
Cause by mercury injections for treatment of syphilis

Date of onset

34

Other contributory causes of importance:

Periurethral abscess
Cause by syphilis

Name of operation Incision & Drainage Date of 4-6-35

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) James E. Jackson, M. D.

(Address) 1536 Papin St

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

[illegible] - [illegible]

[illegible]

[illegible]

[