

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.

JUN 24 1935

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

Do not use this space.

16425

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Jackson Primary Registration District No. 100
City Kansas City (No. K.C. General Hosp) St. _____ Ward _____

2. FULL NAME Darwin Adkins

(a) Residence, No. 1107 Central St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-29-1862</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>1</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. 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) <u>Liberty Mo</u>		
FATHER	13. NAME <u>D. J. Adkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Robertson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Deirda Clark</u> (ADDRESS) <u>K.C. General Hosp K Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>LIBERTY MO</u> DATE <u>5-9</u> 19 <u>35</u>		
19. UNDERTAKER <u>CHURCH ARCHER</u> (ADDRESS) <u>LIBERTY, MO</u>		
20. FILED <u>5-7</u> 19 <u>35</u> <u>Dr M. M. Crowe</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-24 1935 to 5-9 1935
I last saw him alive on 5-9 1935 Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Chronic Myocarditis
Cirrhosis of Liver
Bronchopneumonia
Other contributory causes of importance:
None

Name of operation _____ Date of _____
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? _____
If so, specify _____
(Signed) J. J. [Signature] M. D.
(Address) K.C. General Hosp K Mo

