

SEP 19 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25597

1. PLACE OF DEATH

County BooneRegistration District No. 79Township BartonPrimary Registration District No. 1116

City _____ (No. _____)

File No. 16

Registered No. _____

St. _____ Ward _____

2. FULL NAME Marvin Ray Adkisson

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

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

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

Oct. 8 1934

7. AGE

YEARS

MONTHS

DAYS

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

1012

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.

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)

Milliken Colo.

13. NAME

Leslie Adkisson

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

Randolph Co. Mo.

15. MAIDEN NAME

Delpha Currant

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

Boone Co. Mo.

17. INFORMANT (ADDRESS)

Leslie Adkisson, Plattville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Perche

DATE

Aug 21 1935

19. UNDERTAKER (ADDRESS)

Baynes & Boothe, Surgeon, Mo.

20. FILED

Aug 20 1935 E. N. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 193522. I HEREBY CERTIFY, That I attended deceased from Aug 15 1935, to Aug 20 1935I last saw him alive on Aug 20 1935. Death is saidto have occurred on the date stated above, at 10:30 a.m.

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

Enterocolitis Date of onset _____Other contributory causes of importance: ✓Name of operation ✓Date of ✓What test confirmed diagnosis? Symp. 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 ✓ 1935Where 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) W. J. Robinson, M. D.(Address) Sturgeon, Mo.

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.

