

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

Do not use this space.

33504

NOV 26 1935

1. PLACE OF DEATH

County Madison
 Township Linsden
 City (No. St. Ward)

Registration District No. 5823 621
 Primary Registration District No. 621 5

File No.
 Registered No.

2. FULL NAME

Catherine Adkin

(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. 50 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ramond Adkin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5 - 1843</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>6</u>
	DAYS <u>22</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>Retired House Wife</u>	11. Total time (years) spent in this occupation.....
	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).....	

12. BIRTHPLACE (CITY OR TOWN) Anderson Co.
 (STATE OR COUNTRY) Tenn

13. NAME Thomas Quenne

14. BIRTHPLACE (CITY OR TOWN) Anderson Co
 (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Adkin

16. BIRTHPLACE (CITY OR TOWN) Anderson Co
 (STATE OR COUNTRY) Tenn

17. INFORMANT Ada Adkin
 (ADDRESS) Burlington Tenn

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tenn. Emty DATE Oct. 29, 1935

19. UNDERTAKER Price & Horn
 (ADDRESS) Adkins

20. FILED Oct 28, 1935 Black & Horn
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1935 to Oct 27, 1935.

I last saw him alive on Oct 26, 1935. Death is said to 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:

Chronic Nephritis Date of onset 1932
Severe Debility

Other contributory causes of importance:

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Name of operation none Date of

What test confirmed diagnosis? Urinal Was there an autopsy? no

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

Where did injury occur?

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) R. P. Ferguson M. D.

(Address) Adkins

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.

UNFADING INK RECEIPTS IS A PERMANENT RECORD

