

DEC 13 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36748

1. PLACE OF DEATH

County MillerRegistration District No. 561

Township

Primary Registration District No. 4330City Eldon

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10, 1933</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>1</u>
		DAYS
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Home</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)		
<u>Home</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bagnell, Mo.</u>		
13. NAME <u>William D Adkinson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bagnell, Mo.</u>		
15. MAIDEN NAME <u>Mary Travis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>J. H. Adkinson</u>		
(ADDRESS) <u>Eldon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Swanagee</u>	<u>11/13/35</u>	
19. UNDERTAKER <u>E. E. Ryan</u>		
(ADDRESS) <u>Eldon, Mo.</u>		
20. FILED <u>11-13</u> , 1935 <u>Belle Haynes</u>		
Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-11</u> , 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>11-10</u> , 19 <u>35</u> , to <u>11-11</u> , 19 <u>35</u>
I last saw him alive on <u>11-11</u> , 19 <u>35</u> Death is said to have occurred on the date stated above, at <u>11:00 PM</u> m.
The principal cause of death and related causes of importance were as follows: <u>Hemophilia</u>
Other contributory causes of importance <u>Cut on forehead</u>
Name of operation <u>Subsiding wound</u> Date of <u>11-10-35</u>
What test confirmed diagnosis? <u>Clotting</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury <u>11-10</u> , 19 <u>35</u> Where did injury occur? <u>Home</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Home</u> Manner of injury <u>fell against table</u> Nature of injury <u>cut on forehead</u>
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____
(Signed) <u>E. E. Ryan</u> M. D.
(Address) <u>Eldon, Mo.</u>

