

APR 21 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11604

1. PLACE OF DEATH

County MillerRegistration District No. 561Township BPrimary Registration District No. 4330City Bedou (No.)St. Ward 2. FULL NAME Andrew Cortney Adkins(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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Adkins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.771018

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist9. 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) Idaho

MOTHER FATHER

13. NAME David Adkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut15. MAIDEN NAME Mary Bell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho17. INFORMANT (ADDRESS) Grace Adkins18. BURIAL, CREMATION, OR REMOVAL Bedou, Mo.PLACE BedouDATE 3-29-3619. UNDERTAKER (ADDRESS) Phillips Funeral Home20. FILED 3/29 1936Belle Hayes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-193622. I HEREBY CERTIFY, That I attended deceased from 3-20-1936 to 3-27-1936I last saw him alive on 3/27, 1936. Death is said to have occurred on the date stated above, at 9:30 PM.

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

Broncho PneumoniaInfluenzaOther contributory causes of importance: Name of operation Cholec Date of What test confirmed diagnosis? Was there an autopsy? Yes23. 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? NoIf so, specify (Signed) G. D. Walker, M. D.(Address) Bedou 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.

