

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*Dr W*  
APR 21 1936

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

Do not use this space.

11632

1. PLACE OF DEATH

County *Mississippi*  
Township  
City *East Prairie* (No. ....)

Registration District No. *567*  
Primary Registration District No. *14334*

File No. ....  
Registered No. *28*  
St. .... Ward)

2. FULL NAME

*Jack Adkison*

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)  
Length of residence, city or town where death occurred yrs. *7* mos. *2* ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	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) <i>Aug. 14 - 1935</i>			
7. AGE	YEARS	MONTHS	DAYS
		<i>7</i>	<i>2</i>
If LESS than 1 day, ..... hrs. or ..... min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, 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) <i>Ben Loh, Mo. Mo.</i>			
FATHER	13. NAME <i>James V. Adkison</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Parris Tenn.</i>		
MOTHER	15. MAIDEN NAME <i>Minnie Walker</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Newburn Tenn.</i>		
17. INFORMANT (ADDRESS) <i>James Adkison East Prairie, Mo.</i>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <i>W.O.W.</i> DATE <i>3/17/36</i>			
19. UNDERTAKER (ADDRESS) <i>Wm. J. Kelly East Prairie, Mo.</i>			
20. FILED <i>3-16</i> 1936 <i>Dr. W. H. Under</i> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 16, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 24, 1936, to March 16, 1936*

I last saw him alive on *March 13, 1936* Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:  
*Influenza*  
*Ribonuclear pneumonia*

Other contributory causes of importance:  
*Ribonuclear pneumonia*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) *Geo. W. Whitaker, M. D.*  
(Address) *East Prairie, Mo.*

