

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

Do not use this space.

MAY 18 1936

1. PLACE OF DEATH

County Buchanan
Township Jackson
City Deaton Mo. (No.)

Registration District No. 83
Primary Registration District No. 5118

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. George W. Adkins 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 <u>Male</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>Mary E. Adkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 29 - 1856</u>		
7. AGE <u>79</u>	YEARS <u>7</u>	MONTHS <u>18</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>farmer</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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Buchanan co. (STATE OR COUNTRY) Missouri

13. NAME David Adkins

14. BIRTHPLACE (CITY OR TOWN) Jackson co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Eveline Thomas

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

17. INFORMANT Mary E. Adkins (ADDRESS) Deaton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Grand DATE April 19, 1936

19. UNDERTAKER William Davis (ADDRESS) Deaton Mo.

20. FILED 4/19/ 1936 W. H. Hull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 17 - 1936

22. I HEREBY CERTIFY, that I attended deceased from April 12, 1936 to April 17, 1936

I last saw him alive on April 15, 1936 Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Fracturing of Hip Date of onset

Other contributory causes of importance: 1936

Name of operation Cholec Date of

What test confirmed diagnosis? Cholec 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 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 —

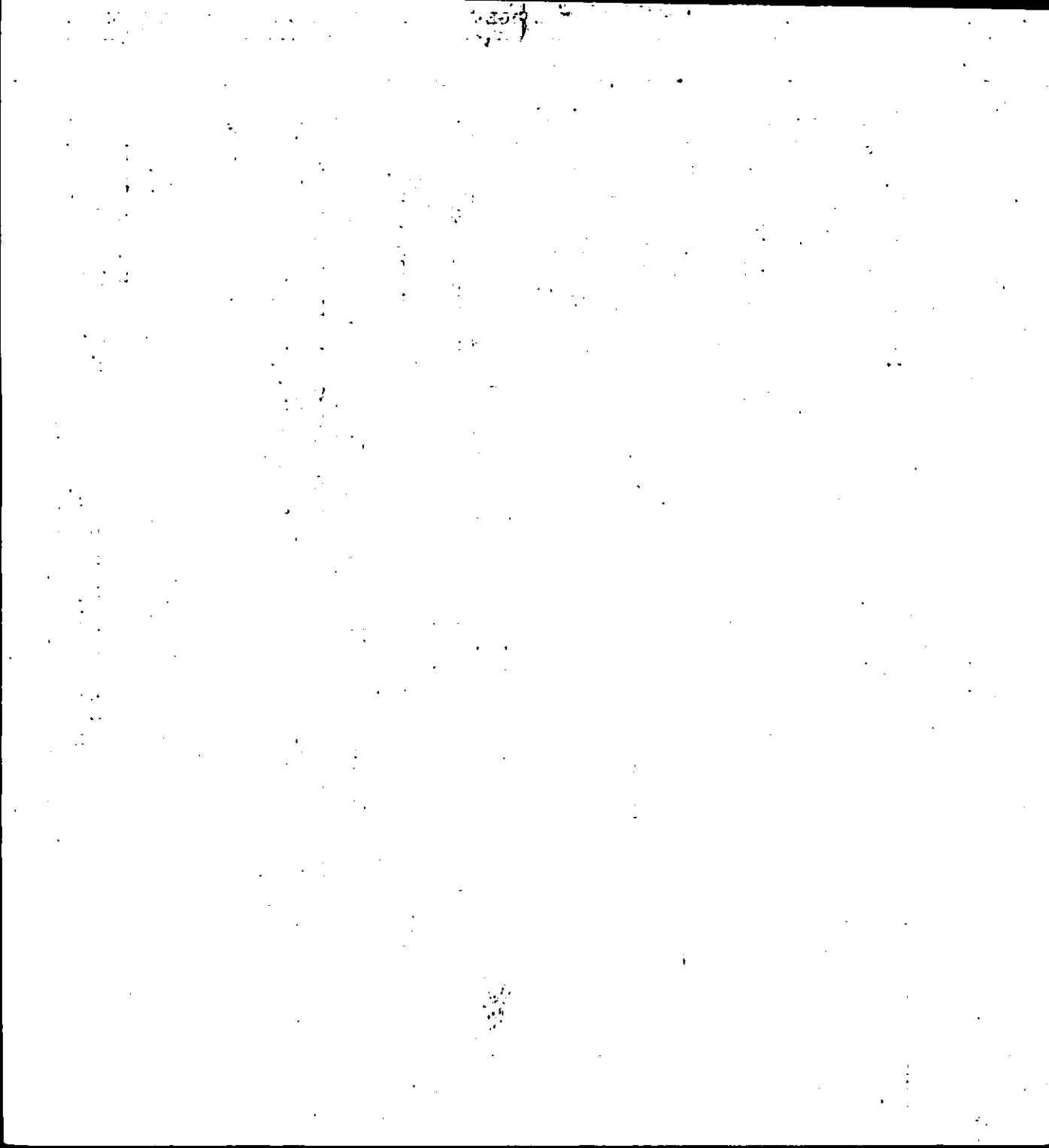
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) J. K. Peter M. D.

(Address) Deaton 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.



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1. PLACE OF DEATH

County Buchanan

Registration District No. 83

Township Jackson

Primary Registration District No. 2118

City Jackson (No.)

St. Mo. W.

2. FULL NAME

Geo. W. 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. da. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

m

w

m

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

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

7. AGE

YEARS

MONTHS

DAYS

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

79

7

18

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)

FATHER MOTHER

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

6/9 1936 M. L. Hull

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1936

22. I HEREBY CERTIFY, That I attended deceased

....., 19....., to....., 19..... Death is

I last saw h..... alive on....., 19.....

to have occurred on the date stated above, at.....m.

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

Fracture of Hip

Other contributory causes of importance:

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 Apr 17 1936

Where did injury occur? At home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell down on ground

Nature of injury Fracture of right hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. R. Peter

(Address) Wallace mo

CAUSE OF DEATH in plain terms, so that it may be properly understood. Exact statement of OCCUPATION is very important.

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