

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.

JAN 20 1937

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

Do not use this space.

44567

1. PLACE OF DEATH

County Howard,

Registration District No. 878

Township

Primary Registration District No. 4222

City Fayette,

(No.

St.

Ward)

Sarah Francis Adkisson,

2. FULL NAME

(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
Female

4. COLOR OR RACE
white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/11th 1853

7. AGE
83

YEARS
MONTHS
#

DAYS
0

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

OCCUPATION

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

at home

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) Missouri
(STATE OR COUNTRY)

13. NAME Robert Saunders,

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

15. MAIDEN NAME Mary Murphy,

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

17. INFORMANT Biddy Adkisson,
(ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary DATE 12.21st 1936

19. UNDERTAKER Guy T. Halley,
(ADDRESS) Fayette Mo.

20. FILED Jan 5 1937 J. O. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/11th 1936

22. I HEREBY CERTIFY, That I attended deceased from
10-5, 1936, to 12-11-36, 1936

I last saw him alive on 12-11-36, 1936. Death is said
to have occurred on the date stated above, at 5 p.m.

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

Fracture of Right hip
1862

Date of onset
12-5-36

Other contributory causes of importance:
Hypostatic Pneumonia 12-10-36

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-18, 1937

Where did injury occur? Fayette Mo
Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury Patient fell
Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. A. Bloom, M. D.

(Address) Fayette Mo

19481