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.

FEB 15 1937

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

Do not use this space.

69

4 5 2

1. PLACE OF DEATH
County Audrain — Registration District No. 912 — 2
Township ~~Cuivre~~ — Primary Registration District No. 4555 — 1
City Vandalia (No. , St. Ward)

File No.
Registered No. 1

2. FULL NAME Jessie Andrew Adkins

(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 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mrs. Lillian Gertrude Adkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1905

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 43

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Plant

10. Date deceased last worked at this occupation (month and year) ~~Jury~~, 1935 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roodhouse Illinois 2

FATHER

13. NAME James Thomas Adkins 91

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

MOTHER

15. MAIDEN NAME Belle Hopper Adkins

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

17. INFORMANT (ADDRESS) Mrs. Lillian Gertrude Adkins Vandalia, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Roodhouse Ill DATE Jan 22 19 37

19. UNDERTAKER (ADDRESS) W. S. Waters Vandalia, Mo.

20. FILED Jan 22 19 37 Cami F. Utterback Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1936, to January 21, 1937

That I saw h. 14 alive on January 21, 19 37 Death is said to have occurred on the date stated above, at 10:30 A.m.

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

	Date of onset
Endometritis (cardiac)	6/10/36
Cancer of Pancreas	7/5/35

Other contributory causes of importance

Anemia

Chronic Diffuse Interstitial Nephritis

Name of operation Exploratory Laparotomy Date of 1/15/36

What test confirmed diagnosis? X Ray 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) Dr. R. L. Marshall, M. D.

(Address) Vandalia Mo.