

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

Do not use this space.

FEB 23 1937

File No. 89 4552
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH
 98 County Schuyler Registration District No. 805
 4 Township Liberty Primary Registration District No. 4484
 2 City Lancaster (No. _____) St. _____ Ward _____

2. FULL NAME Abel W. Adkinson 2

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>4</u>	<u>0</u>	

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

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) Schuyler Co. Mo.

13. NAME Isaac Adkinson

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

15. MAIDEN NAME Weimer

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

17. INFORMANT Ma. J. W. Adkinson
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Brushy DATE Jan 14 1937

19. UNDERTAKER Strut marchand
 (ADDRESS) Lancaster, Mo.

20. FILED 1. 15. 19 37 Byrdie T. Drake
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1937, to Jan 14, 1937
 I last saw him alive on Jan 10, 1937 Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy or Hemorrhage cerebral Jan 7 Date of onset _____

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 _____ 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. H. Keller _____, M. D.
 (Address) Lancaster, 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.

