

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

Do not use this space.

APR 19 1937

1. PLACE OF DEATH

County Dunklin
Township Cotton Hill
City _____ (No. _____)

Registration District No. 289
Primary Registration District No. 1407

File No. 11792
Registered No. 19

2. FULL NAME Tom 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or ~~WIFE~~) Lee Adkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30-1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
46 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming and Truck Driver
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) N. Carolina

MOTHER FATHER 13. NAME Richard Adkins

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

MOTHER 15. MAIDEN NAME Don't Know

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

17. INFORMANT Mrs. Tom Adkins (ADDRESS) Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Home DATE 3-3- 1937

19. UNDERTAKER W. L. Craig (ADDRESS) Malden Mo.

20. FILED 3/3 1937 S. E. Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937, to March 2, 1937

I last saw him alive on March 1, 1937 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage - March 1/37

Other contributory causes of importance:
Brown stroke Feb 2/1937

High Blood Pressure

Name of operation none Date of _____
What test confirmed diagnosis? By Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

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

(Signed) Raydon C. Carlton
(Address) Malden

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.

