

JUN 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH,

County.....

Registration District No. 878

Township Fayette,

Primary Registration District No. 4222

City.....

(No.)

St.

Ward)

Mary Elizabeth Clark 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, Male

4. COLOR OR RACE, White.

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

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

H.D. Adkisson.

1/12th 1868

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

7. AGE, 26

YEARS

MONTHS 4

DAYS 2

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) (STATE OR COUNTRY)

Mo. Jernshio Clark.

FATHER

13. NAME

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

Missouri.

MOTHER

15. MAIDEN NAME

Jernshio Coe.

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

Missouri.

17. INFORMANT (ADDRESS)

H.D. Adkisson, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Marshall Mo.

5/15th 1937

19. UNDERTAKER (ADDRESS)

Guy T. Halley, Fayette, Mo.

20. FILED

June 5, 1937 V. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5/14th 1937

22. I HEREBY CERTIFY, That I attended deceased from

April 20, 1937, to 5-14, 1937

I last saw him alive on 5-14, 1937. Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Cerebral hemorrhage

Date of onset

4-30-37

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phys. exam. 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

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) Wm. J. Shaw, M. D.

(Address) Fayette, Mo.

