

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair

Registration District No. 26

File No. 23056

Township 4

Primary Registration District No. 3002

Registered No. 72

City Mexico Mo (No.)

St. Ward

2. FULL NAME

(a) Residence, No. 523. N. Wade St. 2 Ward
(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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

widowed

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

Mary Susan Adkins

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

April - 27 - 1851

7. AGE

86 YEARS

1 MONTHS

4 DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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.

11. Total time (years) spent in this occupation

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

Missouri

FATHER MOTHER

13. NAME

William H. Adkins

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

Virginia

15. MAIDEN NAME

Not Known

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

Not Known

17. INFORMANT

John Adkins

(ADDRESS)

Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wellsville Mo DATE June 3 - 1937

19. UNDERTAKER

(ADDRESS)

F. W. Kishner
Wellsville Mo

20. FILED

May 3 - 1937 Blanche Neely
Registrar

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

6 - 1 - 1937

22. I HEREBY CERTIFY That I attended deceased from May 9 1937, to June 1 - 1937

I last saw him alive on June 1 - 1937 Death is said to have occurred on the date stated above, at 1:40 P.M.

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

Chronic Inflammatory Bronchitis
Chronic Myocarditis

Other contributory causes of importance:

General Senility

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)

(Address)

J. P. Kishner, M. D.
Mexico Mo

