

JAN 25 1937

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

Do not use this space.

44669

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1. PLACE OF DEATH

County Marion Co Registration District No. 881
Township Camp Branch Primary Registration District No. 6175
City New Lexington (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Margate Francis 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 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 7 12

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

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) Marion Co., Mo.

13. NAME Joe Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Lulu Able

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT John Adkins
(ADDRESS) Marion Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resubel DATE 12-8 1937

19. UNDERTAKER L. H. Mische
(ADDRESS) Marion Co., Mo.

20. FILED Dec. 9, 1937 A. W. Whiting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1937, to October 23, 1937

I last saw h. e. alive on October 23, 1937. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Carcinoma of uterus

Date of onset ?

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? None 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) Charles F. Garcia, M. D.
(Address) Marion Co., 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.

