

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

Do not use this space.

1. PLACE OF DEATH

County Maries
Township Boone
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 543
Primary Registration District No. 5743

File No. 3401
Registered No. 1

2. FULL NAME John Howard Adkins

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Telithea Adkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 10 10

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) Missouri

13. NAME Jack Adkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Sarah Shaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Wm. Knone
(ADDRESS) Rolla, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rowden DATE Jan. 13, 1938

19. UNDERTAKER Fred H. Gilbert
(ADDRESS) Dixon, Mo.

20. FILED Jan. 24, 1938 Mrs. Rosa Lawrence
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937, to Jan 8, 1938

I last saw him alive on Jan 8, 1938 Death is said to have occurred on the date stated above, at 5 p. m.

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

Cardiac enlargement and mitral stenosis Date of onset unknown.

Other contributory causes of importance:

chronic cystitis

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19X.

Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X
If so, specify X

(Signed) Rosely Gates
(Address) Brinktown, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH