

REC'D APR 8 1938

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

Do not use this space.

1. PLACE OF DEATH

46 County St. LouisTownship W. SpringsCity W. Springs (No. 325)Registration District No. 385Primary Registration District No. 4228File No. 10938Registered No. 3 St. 3 Ward 3

2. FULL NAME

(a) Residence, No. Lillie May Adkins

(Usual place of abode)

St. 325 Ward.

(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

Fem.

4. COLOR OR RACE

White

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

Single

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

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

9-11-1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

247

OCCUPATION

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

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)

Willard Spgs. Mo.

FATHER MOTHER

13. NAME

Tommy Adkins

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

Shannon Mo.

15. MAIDEN NAME

Sylvia Lathrop

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

Douglas Co. Mo.

17. INFORMANT (ADDRESS)

Tommy Adkins

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Home

DATE

Mar. 29, 1938

19. UNDERTAKER (ADDRESS)

None

20. FILED

3/28/1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 193822. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1938, to Mar. 28, 1938I last saw her alive on Mar. 27, 1938. Death is said to have occurred on the date stated above, at 11:15 p.m.

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

Date of onset

SLEEPINGSICKNESS

Other contributory causes of importance:

Name of operation R. H. May GoodwinWhat test confirmed diagnosis? St. Louis Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? St. Louis Date of injury Mar. 28, 1938Where did injury occur? St. Louis

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Sleep, sicknessNature of injury Sleep, sickness

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) St. Louis M. D.(Address) St. Louis

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.

