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.

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Carroll
Township ~~Carrollton~~
City Carrollton (No. ..... St. ..... Ward)

Registration District No. 135
Primary Registration District No. 3010

File No. 17954
Registered No. 56

2. FULL NAME Wm Adkins 234

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 1859

7. AGE YEARS 78 MONTHS 5 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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 0

12. BIRTHPLACE (~~CITY OR TOWN~~) (STATE OR COUNTRY) Carroll Co. Mo. 0

FATHER
13. NAME Geo. Adkins 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Dorinda Ewing
16. BIRTHPLACE (~~CITY OR TOWN~~) (STATE OR COUNTRY) Randolph Co. Mo.

17. INFORMANT (ADDRESS) Ed Adkins Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Adkins Cem DATE May 10 1938

19. UNDERTAKER (ADDRESS) Standley Carrollton Mo

20. FILED 5-10 1938 Ruth Haskins Registrar 136

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1938 to May 8th, 1938
I last saw h..... alive on ..... 19..... 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:

	Date of onset
Broncho-Pneumonia	5/8/38

Other contributory causes of importance: 1070

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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) William G. Atwood M. D.
(Address) Carrollton Mo