

RECEIVED JUL 17 1938

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

21535
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
(b) Township Carrollton Primary Registration District No. 3010 Registered No. 73
(c) City Carrollton (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

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 Lucy Bates
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1889
7. AGE YEARS 48 MONTHS 11 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day laborer
9. Industry or business in which work was done, as 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) Wagoner Mo

FATHER 13. NAME Wm Adkins

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

MOTHER 15. MAIDEN NAME Addie Henry

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

17. INFORMANT (ADDRESS) Eddie Adkins Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Adkins Cem DATE July 1st 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stamley's Carrollton Mo

20. FILED 7-1 1938 Walter Adkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10 P. m.

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

Date of onset

Suicide 10:50

Other contributory causes of importance:

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? Suicide Date of injury June 29, 1938

Where did injury occur? in County Jail

(Specify city or town, county, and State)

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

Manner of injury Cut throat

Nature of injury _____

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

If so, specify _____

(Signed) E. Adkinson _____

(Address) Boyan 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Ben W Gibson

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Ben W Gibson

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.