

DEC 19 1938

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

38850
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 133
 (b) Township Van Horn Primary Registration District No. 5184 Registered No. 12
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

(a) Residence, No. 225 Jack Adkins St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1904
 7. AGE YEARS 34 MONTHS 0 DAYS 20 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Carroll Co. Mo.

FATHER 13. NAME H. P. Adkins

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

MOTHER 15. MAIDEN NAME Mary Ann Adkins

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

17. INFORMANT (ADDRESS) Mrs. Fred Kersick Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adkins Cem. DATE Nov 7, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stanley Carrollton Mo.

20. FILED 11-7-38 Janie Anderson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7-9 a.m.
 The principal cause of death and related causes of importance were as follows:

Suicide 163
 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 Nov 5, 1938
 Where did injury occur? Countryside 11 miles N. 2. E. 6.5
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at home
 Manner of injury Hanging
 Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify Yes
 (Signed) E. A. Dukerson (Address) Boonville 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
District Health Officer No. 8,
District File Number
Date Filed 12/13/38

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 Mo*

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.