

REC'D JUN 20 1939

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

18417
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203
(b) Township Platte Primary Registration District No. 6-281 Registered No. 11
(c) City Nashua (d) Street No. _____
(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

325 James Edwin Adkins
(a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen Adgood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1852
7. AGE YEARS 86 MONTHS 11 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
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. Retired 1 yr.
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) Platte Co. Mo.
13. NAME Burford Adkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.
15. MAIDEN NAME Margaret Bevin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.
17. INFORMANT (ADDRESS) Mrs. J. H. Adkins Nashua, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Second Crem. Cem. DATE 5-2-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. F. Poccia Platte City, Mo.
20. FILED 5-2-1939 E. C. Hill
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1939 to Apr 29, 1939
I last saw him alive on Apr 29, 1939 Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhages Date of onset _____
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? _____ 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? _____
If so, specify _____
(Signed) R. F. Underwood, M. D.
(Address) Parisville, 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
6/2/29
ate Filed

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,

L. F. Pollock

or by

Registered Apprentice No. working under my personal supervision.

Signed *L. F. Pollock*

Licensed Embalmer No. *1206*

P. O. Address *Platts City, 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.