

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

121073

Do not use this space.

1. PLACE OF DEATH

(a) County PutnamRegistration District No. 721(b) Township LincolnPrimary Registration District No. 5952(c) City Lincoln(d) Street No. 325

Registered No. _____

(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. James Harvey Adkins St. Lincoln

(Usual place of abode, if no street address, write county or city) (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) M.5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Adkins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 18717. AGE YEARS 68 MONTHS 7 DAYS 11 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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unionville, Mo.FATHER 13. NAME Williams Adkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenn.MOTHER 15. MAIDEN NAME Mary J. Keams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unionville, Mo.17. INFORMANT (ADDRESS) Eliza Adkins18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville, Mo. DATE March 14, 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) W. D. Luster20. FILED 3-30 1940 Joan O. McKinley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 194022. I HEREBY CERTIFY, that I attended deceased from Aug 17, 1939 to March 13, 1940I last saw him alive on Jan 28, 1940 Death is said to have occurred on the date stated above, at 8:00 A. M.

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

Cancer of Colon Date of onset ?Other contributory causes of importance: 46

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? no

If so, specify _____

(Signed) J. H. Keams M. D.(Address) Unionville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 4-40-735

Date Filed APR 2 1940

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,

or by

Registered Apprentice No. working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.