

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.

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

Do not use this space.

FILED MAR 10 1942

8172, 118

1. PLACE OF DEATH

County North
Township Middlefork
City North (No. 1)

Registration District No. 9-03
Primary Registration District No. 12-1-10

File No. 0
Registered No. 0
St. 0 Ward) 0

2. FULL NAME James Riley Adkins

(a) Residence, No. 0 St. 0 Ward. 0
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. 0 da. How long in U. S., if of foreign birth? yrs. 0 mos. 0 da.

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 Stella Adkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 8 1874

7. AGE YEARS 67 MONTHS 5 DAYS 28 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 0 0 0 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

13. NAME Henry Adkins

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

15. MAIDEN NAME Louisa Bridges

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

17. INFORMANT Abner Adkins (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grac City Mo DATE Feb, 11 1942

19. UNDERTAKER Hayes Andrews (ADDRESS) North Mo.

20. FILED Feb 12 1942 Arleus Scadden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-9 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb-1 1942 Feb-9 1942

I last saw him alive on Feb-8 1942 Death is said to have occurred on the date stated above, at 0 m.

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

Mild degeneration of heart Date of onset 1940

Other contributory causes of importance 92b

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 19 0

Where did injury occur? 0 (Specify city or town, county, and State)

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

Manner of injury 0

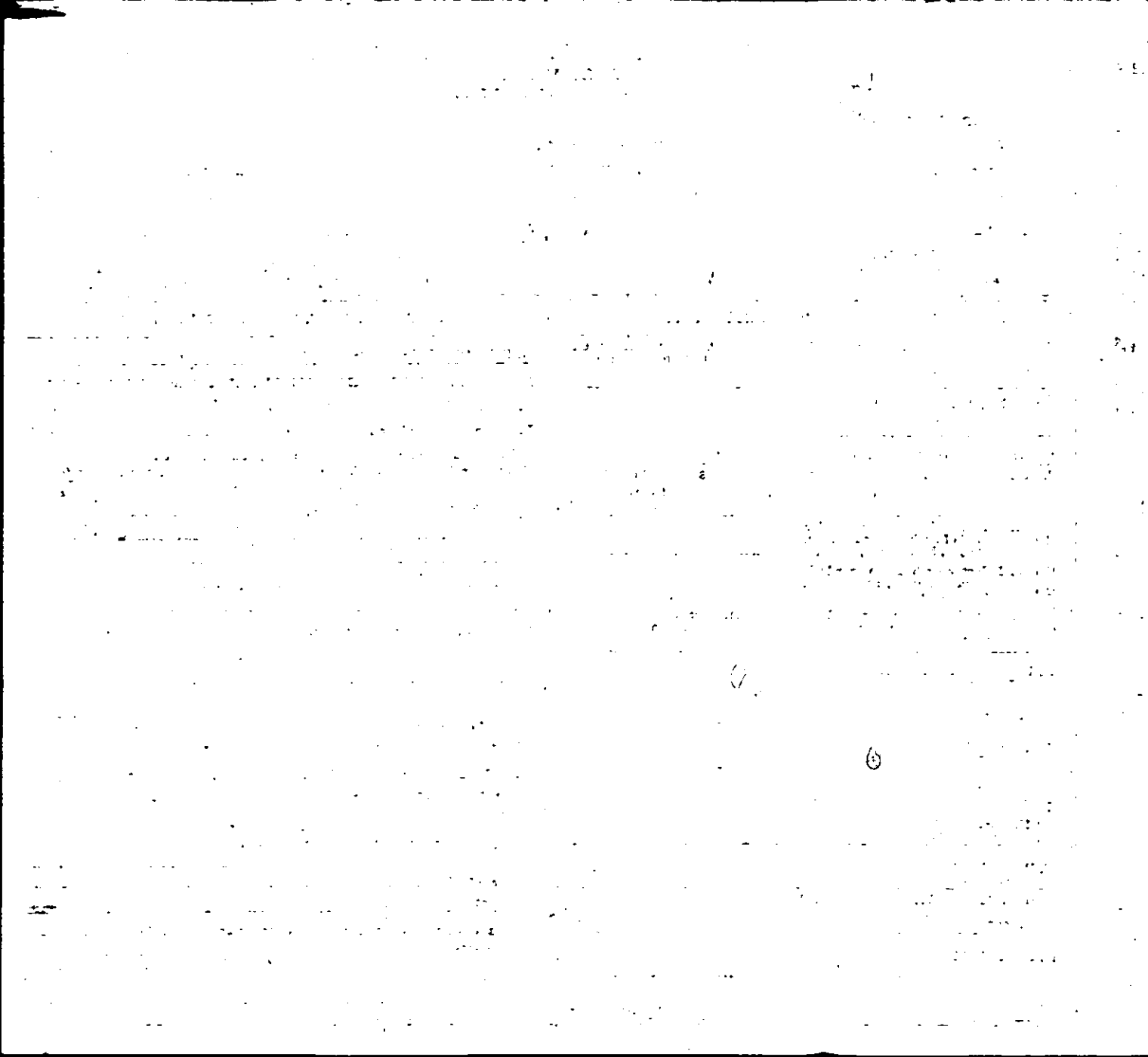
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify 0

(Signed) 0 M. D.

(Address) 0



STANDARD CERTIFICATE OF DEATH

State File No. **8172**

Registration District No. **1112**

Primary Registration District No. **6213**

Registrar's No.

1. PLACE OF DEATH

(a) County **Worth**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

James R. Adkins

3. (b) If veteran

name war

3. (c) Social Security

No.

4. Sex

M

5. Color or
race

W

6. (a) Single, widowed, married,
divorced

6. (c) Age of husband or wife if
alive

7. Birth date of deceased

Aug 8
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

67

5

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place of burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

Feb. 12, 1942
(Date received local registrar)

(b)

Arlene Scadden
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Worth**
(c) City or town **Worth (Rural)**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH

Month

Day

year **1942**

hour

minute

M.

21. I hereby certify that I attended the deceased from

that I first saw him alive on 19.....
and that death occurred on the date and hour stated above.
(Immediate cause of death)

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

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