

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

Do not use this space.

19315.

**1. PLACE OF DEATH**

42 County Henry Registration District No. 30  
Township Overview Primary Registration District No. 3492  
City..... (No.....) St. .... Word)

File No.....  
Registered No. 11  
St. .... Word)

**2. FULL NAME**

Nannie Bertha Adkins

(a) Residence. No..... St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. B. Adkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>  </u> hrs. or <u>  </u> min.
	<u>72</u>	<u>3</u>	<u>23</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) Ky 2

10. NAME OF FATHER Felix West

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Leticia Sinkler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Ky

14. INFORMANT Mrs. Becha Wilson  
(Address) Clinton MO Rt #5

15. 7-10 32 J. J. Fusell  
FILED..... 19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1932

I HEREBY CERTIFY, That I attended deceased from June 19, 1932, to June 21, 1932 that I last saw h. e. alive on June 21, 1932, and that death occurred, on the date stated above, at 2:40 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

chronic myocarditis  
930  
510 930 (duration)..... yrs. .... mos. .... da.  
CONTRIBUTORY ch. Rheumatism  
(SECONDARY) (duration)..... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH..... ①

0 DID AN OPERATION PRECEDE DEATH..... no DATE OF.....  
WAS THERE AN AUTOPSY..... no

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) W. E. Baggerly, M. D.  
6-22, 1932 (Address) Montrose mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Adkins Cem. DATE OF BURIAL 6-22 1932

20. UNDERTAKER F. Sannarty ADDRESS Montrose mo

K. 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.

MAY 23 1932

