WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 26 1934

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

Do not use this space.

39431

1. PLACE OF DEATH

17 County Carroll — Registration District No. 136 4076 — File No.

Township De Witt — Primary Registration District No. ~~[illegible]~~ — Registered No. 22

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Infant Adkins

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 31 1933

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ... hrs. or 3 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
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: Raleigh Adkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oklahoma

MOTHER
15. MAIDEN NAME: Viola Knott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carroll Co Mo

17. INFORMANT (ADDRESS): Raleigh Adkins De Witt Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE De Witt DATE Dec 31 1933

19. UNDERTAKER (ADDRESS): L. W. Cassil Bruingerson Mo

20. FILED Dec 31, 1933 Alvin Fickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Only lived about 3 minutes, 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 6A m.
The principal cause of death and related causes of importance were as follows:

Death from forceps delivery pressure on brain

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Harry E Tatum M. D.
(Address) Brunswick Mo