

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Madison
City Madison (No. _____)

Registration District No. 579
Primary Registration District No. 1341

File No. 20727
Registered No. _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward. _____

(If nonresident, give city or town and State)

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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Ella Sharp Adkisson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/14/1863

7. AGE YEARS 73 MONTHS 9 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo

13. NAME John Adkisson

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

15. MAIDEN NAME Ethel Welch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT Mrs. Mattie Powell
(ADDRESS) Madison Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACES Central Hill DATE May 19 1937

19. UNDERTAKER Fred A. Thompson
(ADDRESS) Madison Mo

20. FILED 5/18 Dr. Mrs. Fred A. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to May 17, 1937
I last saw him alive on May 17, 1937. Death is said

to have occurred on the date stated above, at 2 1/2 a. m.

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

Artemia

Date of onset
May 10

Other contributory causes of importance:

Nephritis

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) F. R. Turner, D.D.S.
(Address) Madison, 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.

132a

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monroe Registration District No. 279 File No. 20727
Township..... Primary Registration District No. 4341 Registered No.....
City Madison (No.) St. Ward)

2. FULL NAME David Austin Adkisson

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1937

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

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....
I last saw h..... alive on, 19..... Death is said

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

to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 9 3

uremia
Date of onset

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

Other contributory causes of importance:
nephritis, Chronic

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 5/18 1937 Mr. F. W. A. Thompson Registrar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) F. P. Turney F.D.O.
(Address) Madison Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. No fee to be property assessed. Exact statement of OCCUPATION is very important.

S-20727