REC'D APR 10 1939

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

10027
Do not use this space.

10
3
4

1. PLACE OF DEATH

(a) County Boone — Registration District No. 73

(b) Township or City Columbia — Primary Registration District No. 3006 — Registered No. 77

(c) (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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 325 Robert Adkins

(a) Residence, No. 8 So 1 St. St. ☐ .....
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1861

7. AGE: About 78 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Preacher
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): Boone Co Mo

FATHER
13. NAME: Do not Know 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not Know 9

MOTHER
15. MAIDEN NAME: Do not Know 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not Know 1

17. INFORMANT (ADDRESS): James Brashear.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Col. Cem. DATE: 3-30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): A. C. Freeman Columbia Mo

20. FILED: 3/30/1939 Allie Selby, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-20-38, 19..., to 3-28-39, 19...
I last saw him alive on 3-28-39, 19... Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
organic Heart disease	6-27-36

Other contributory causes of importance: 95B2

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? .....
If so, specify .....
(Signed) O. A. Moore, M. D.
74 (Address) 301 N. 5th St Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 I X16605

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 me A. C. Freeman, Registered Apprentice No. 2837, working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia Mo.

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.