

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.

AUG 13 1934

Send in me

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

Do not use this space.

OCT 18 1934

27869

1. PLACE OF DEATH

County *Saline*
Township *Saltfork*
City (No.) St. Ward

Registration District No. *798*
Primary Registration District No. *6041*

File No.
Registered No.

2. FULL NAME

Mary Adams

(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

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 19 - 1849</i>		
7. AGE YEARS <i>83</i>	MONTHS <i>1</i>	DAYS If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Keeper</i>		11. Total time (years) spent in this occupation
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)		

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

MOTHER FATHER 13. NAME *Isaac Thompson*

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

15. MAIDEN NAME *unknown*

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

17. INFORMANT *Teater Crowbarber*
(ADDRESS) *Wagoner Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Emish Creek* DATE *July 22*, 19*34*

19. UNDERTAKER *Wagoner Wagoner*
(ADDRESS) *Wagoner Mo*

20. FILED *July 30*, 19*34* *O. L. Chiswell*
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 19*, 19*34*

22. I HEREBY CERTIFY That I attended deceased from *1-1* *1934* *July 19*, 19*34*
I last saw h. *alive on* *July 19*, 19*34* Death is said to have occurred on the date stated above, at *5 P M*.
The principal cause of death and related causes of importance were as follows:
Apoplexy (stroke) sudden death
Cardio Renal
Date of onset *1934*

Other contributory causes of importance:
1928

Name of operation Date of
What test confirmed diagnosis? *Clonus* 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) *H. Wagoner*, M. D.
(Address) *Wagoner Mo.*

