

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.

FEB 21 1928

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

Do not use this space
1896

1. PLACE OF DEATH

County Monroe
Township Union
City Union

Registration District No. 5780
Primary Registration District No. 5777

File No. _____
Registered No. 5780 22
St. _____ Ward _____

2. FULL NAME Adeline Grady

(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~~ widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/25/1843

7. AGE YEARS MONTHS DAYS 84 11 18 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(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) Ohio

10. NAME OF FATHER James Hester

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Elizabeth Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) Mrs. Anna Arthurson
Madison, Mo.

15. FILED 1/19 1928 E. C. Brooks
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Jan 16, 1928, that I last saw her alive on Jan 15, 1928, and that death occurred, on the date stated above, at 12 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY (SECONDARY) 1740
(duration) yrs. mos. da. _____
(duration) yrs. mos. da. _____

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chia signs & symp
(Signed) C. Smith, M. D.
, 19 (Address) Madison, 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 Mt. Zion DATE OF BURIAL 1/18 1928

20. UNDERTAKER Fred A. Thompson ADDRESS Madison, Mo.

