

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

Do not use this space.

21568

1. PLACE OF DEATH

County Randolph
Township Monette
City Goella (No. 1)

Registration District No. 732
Primary Registration District No. 5966

File No. 13
Registered No. 13 St. 1 Ward 1

2. FULL NAME

(a) Residence. No. Goella Adams St. 1 Ward 1

(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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Joseph Blackford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sallie McBean
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Roy Adams
(Address) Goella Adams

15. FILED 6/13, 1928 C.F. Burich
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11, 1928

17. I HEREBY CERTIFY That I attended deceased from Apr. 15, 1928, to June 11, 1928, that I last saw her alive on June 11, 1928, and that death occurred, on the date stated above, at 12:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
1864
1910
59 (duration) 15 yrs. 15 mos. 15 da.
CONTRIBUTORY Fractured Neck Right Femur
(SECONDARY) (duration) 2 yrs. 2 mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF 6-13-28
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Leslie Randall, M. D.
6-13-28 (Address) Monette 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 Monette Mo DATE OF BURIAL 6-13-28

20. UNDERTAKER Mahan and Son ADDRESS Monette Mo

MEMORANDUM FOR THE RECORD

Re: [illegible]

[illegible]

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