

5 1929

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

Do not use this space.

39080

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township

Primary Registration District No. 3038

City Marshall (No.)

File No.

Registered No. 178169

St.

Ward

2. FULL NAME

Mrs Emma R Adams

(a) Residence. No.

St.

Ward. Cypress, Mo

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yr. 1

mos.

ds.

How long in U.S., if of foreign birth?

yr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

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

Dec 28 - 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

78

10

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

London Co

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Richard Lawrence

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Annada Worthington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Maine

14.

INFORMANT

(Address)

Mrs J. Witting

Marshall Mo

15.

FILED

140, 1928 Mrs. John H. McLeir

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 1 1928

17.

I HEREBY CERTIFY, That I attended deceased from Sep 30, 1928, to Nov 1, 1928 that I last saw her alive on Nov 1, 1928, and that death occurred, on the date stated above, at 4-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
arteriosclerosis
(duration) 1 yr. 15 mo. 15 da.
CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) ? yr. mo. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

Cypress, Mo

DID AN OPERATION PRECEDE DEATH?

no DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

J. Manning

M. D

11/2 1928 (Address) Marshall, 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

DATE OF BURIAL

Bowling Green Mo

Nov 4 1928

20. UNDERTAKER

ADDRESS

T. W. Campbell, Marshall

