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

Do not use this space.

12531

File No. .....

Registered No. 3055

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Mo. Baptist San, St. ..... Ward)

2. FULL NAME Roxana Adams

(a) Residence. No. ..... St., 12 Ward. Centralia Ill.
(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: 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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1874

7. AGE: Years 55 | Months 1 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

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) At home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Unknown Tate

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

14. INFORMANT Elizabeth Adams
(Address) Randolia, Ill.

15. FILED MAR 11 1929 Mary C. Parker Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 - 1929

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 8, 1929, that I last saw h.ex alive on March 8, 1929, and that death occurred, on the date stated above, at 6.55 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Thyrotoxicosis (Thyroid crisis)

COMP (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Mixed toxic goiter (adenoma with exophthalmos) (duration) 15 yrs. ..... mos. ..... ds.

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? general physical examination

(Signed) Willard Barclett Jr. M. D

3/9, 1929 (Address) St Louis, 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 (Via Motor) Centralia Ill. | DATE OF BURIAL 3-10-1929

20. UNDERTAKER Petty Bros | ADDRESS 3029 Laf Ave

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.

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