

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

Do not use this space.

24377

1. PLACE OF DEATH

County Greene

Registration District No. 315

Township Springfield

Primary Registration District No. 2221

City Springfield (No. 911 N. Division)

File No.

Registered No. 560

St. Ward)

2. FULL NAME

(a) Residence. No. 911 N. Division 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

Female

4. COLOR OR RACE

white

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Silas S. Adams

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

April 23-1910

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

29

3

8

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)

Mo

10. NAME OF FATHER

John Smiley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

12. MAIDEN NAME OF MOTHER

America Seiver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

J. D. Adams
Springfield, Mo.

15.

FILED

8-1

1929

For

Sharp

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 31 1929

17.

I HEREBY CERTIFY That I attended deceased from July 29 1929 to July 31 1929
the I last saw him alive on July 31 1929 and that
death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock following removal
fetus and placenta, after
fetus being dead 2 wks.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY

(SECONDARY)

Dead fetus and
placenta 2 wks (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

At home

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-31-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Ultrasound & Papanicolaou

8-1, 1929 (Address) Springfield 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

Winkley Cemetery

8-27-1929

20. UNDERTAKER

J. N. Klingner & Co. Springfield Mo.

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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561