

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

38003

35000

1. PLACE OF DEATH

County Scott
Township Blodgett
City Blodgett

Registration District No. 8/3
Primary Registration District No. 449

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Mary Jo Adams

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 6 mos. 6 ds. How long in U.S., if of foreign birth? 1 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-7-1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
2 6 6

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) body
(c) Name of employer _____

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

10. NAME OF FATHER Joe Adams

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

12. MAIDEN NAME OF MOTHER Ethel Owensby

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

14. INFORMANT Joe Adams
(Address) _____

15. FILED 11-10-29 E. J. Krenzel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-13 1929

17. I HEREBY CERTIFY. That I attended deceased from Oct 13, 1929, to Oct 13, 1929, that I last saw him alive on Oct 13, 1929, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Permitious melanin

388 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

8 Did an operation precede death? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) E. J. Krenzel M. D.
, 19 (Address) Blodgett 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

Blodgett Cemetery

DATE OF BURIAL

Nov 14 1929

20. UNDERTAKER

Blodgett Mene Co

ADDRESS

Blodgett

