

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

Do not use this space.

37876

1. PLACE OF DEATH

County Maryland
Township Wickham
New Glenn (No. _____) (St. _____ Ward _____)

Registration District No. 953
Primary Registration District No. 5792.0

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Mary Jane Adams
(a) Residence. No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Phillip O. Adams</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 15 1939</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>10</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1929, to Nov 16, 1929 (that I last saw him alive on Nov 16, 1929, and that death occurred, on the date stated above, at 4-0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute lobar pneumonia
108
1920
(duration) yrs. mos. 11 ds.
CONTRIBUTORY (SECONDARY) valvular disease of heart (mitral)
(duration) 5 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. MO

PARENTS

10. NAME OF FATHER <u>Jacob O. Tipton</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
12. MAIDEN NAME OF MOTHER <u>Priscilla J Fox</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
10/11/29
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) A. J. Adams, M. D.
11-18, 1929 (Address) Booneville, Mo

14. INFORMANT (Address) Mrs J. G. Barnes
Booneville Mo

15. FILED 11/18 28 J. G. Barnes REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Freedom Cemetery DATE OF BURIAL Nov 18 1929

20. UNDERTAKER
Frederick's Undertaking Co ADDRESS _____

