

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.

MAR 28 1930

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

Do not use this space.

5704

1. PLACE OF DEATH

County Miller
Township Saline
City Eldon (No.)

Registration District No. 561
Primary Registration District No. 4330

File No.
Registered No. 18
St. Ward)

2. FULL NAME

Effie E Adcock

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

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. (If nonresident, give city or town and State)

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

Elmer E Adcock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 6, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
53 10 3

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miller Co

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Daniel Hendley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Colle Co.

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Martha Charles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miller Co

(STATE OR COUNTRY) Mo

14. INFORMANT Elmer Adcock
(Address) Eldon Mo

15. FILED 2-14, 1930 Belle Haynes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1928 to Feb. 9, 1930, that I last saw h. er alive on Feb. 9, 1930, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of uterus

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. C. Allen, M. D.

, 19 (Address) Eldon 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

Incumbia Mo

2-11 1930

20. UNDERTAKER

ADDRESS

W A Phillips

Eldon

