

MAY 27 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ueller
Do not use this space.

13353

1. PLACE OF DEATH

County Miller
Township Ladine
City Eldon

Registration District No. 561
Primary Registration District No. 4330

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Lucy D Adcock

(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>Fem.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. Lundy Adcock</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 4. 1855</u>		
7. AGE <u>74</u>	YEARS <u>7</u>	MONTHS <u>9</u>
DAYS <u>9</u>		
If LESS than 1 day, _____ hrs. or _____ min.		

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)

(STATE OR COUNTRY)

Miller Co.
Mo

10. NAME OF FATHER

Wm G. Granstaff

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Polly Vernon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

Wm Green Adcock
Eldon, Mo

15.

FILED

4-30, 30 Belle Haynes

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 1927 to Apr 13, 1930
that I last saw her alive on Apr 1, 1930 and that death occurred, on the date stated above, at 4:19 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy -
85
10
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Hypertension
(duration) yrs. mos. ds.

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)

, 19 (Address)

W. L. Cullen, M.D.
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

Eldon, Mo
Greenridge Cemetery

4-15 1930

20. UNDERTAKER

ADDRESS

W A Phillips

Eldon, 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.

WHITE PLAIN, WITH OUTFOLDING INK—THIS IS A PERMANENT RECORD

