JUN 24 1930

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

Do not use this space.

15599

1. PLACE OF DEATH

County: Chariton — Registration District No.: 175 — File No.:

Township: Salisbury — Primary Registration District No.: 5243 — Registered No.: 34

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Eva Mae Adams

(a) Residence. No. Salisbury Mo 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F.	W.	S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5-15-30

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(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): Salisbury Mo

PARENTS

10. NAME OF FATHER: Jno Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Salisbury Mo
12. MAIDEN NAME OF MOTHER: Karlene Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Salisbury Mo

14. INFORMANT: Jno Adams
(Address): Salisbury Mo

15. FILED 5/16, 1930 G W Hawkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-16 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-15, 1930, to 5/16, 1930 that I last saw her alive on 5/16, 1930, and that death occurred, on the date stated above, at 3 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Anemia.
160 B
91 B

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Placenta Previa, in mother, loss of blood, detached Placenta (duration) ..... yrs. ..... mos. ..... ds.

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? .....

16 B

(Signed) G W Hawkins, M. D.

5/16, 1930 (Address) Salisbury 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
Forest Green Cem	5/17 1930

20. UNDERTAKER	ADDRESS
Winkelmeyer Bros	Salisbury 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.