

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Flatcreek
City Cassville (No. St. Ward)

Registration District No. 29
Primary Registration District No. 4021

File No. 18519-A
Registered No. 30

2. FULL NAME Adelia Lathim

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 35 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 John H. Lathim

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-13-1854

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
75 10 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or Housewife particular kind of work
(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) Fulton Co. Ark.

10. NAME OF FATHER Wm. S. Jones

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

12. MAIDEN NAME OF MOTHER Jerusha Beck

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

14. INFORMANT John H. Lathim (Address) Cassville Mo.

15. FILED Sept 11 1930 Mrs. H. R. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1st. 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1929 to June 1st 1930, that I last saw her alive on June 1st 1930, and that death occurred, on the date stated above, at 9 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease.

19. (duration) yrs. mos. ds. 192 300 if
CONTRIBUTORY Paralysis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) J. L. Mitchell, M. D.

19 (Address) Cassville 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
Oak Hill (Cassville) 6-3-30. 19

20. UNDERTAKER ADDRESS
Horine Funeral Service Cassville.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

185-19-1

