

SEP 22 1930

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

Do not use this space.

26030

1. PLACE OF DEATH  
 County Butler Registration District No. 990  
 Townshp. St. Francis Primary Registration District No. 6-133  
 City (No. ....) St. .... Ward)

2. FULL NAME Adeline W. Inausdale  
 (a) Residence. No. Paplar Bluff Mo R #10<sup>3</sup> Ward. .... (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert L. Inausdale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30-1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
80 9 10

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) Perm

PARENTS  
 10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Wm Inausdale  
 (Address) Paplar Bluff Mo R #3

15. FILED 8-10-30 W. J. G. C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1930, to Aug 10, 1930, that I last saw him alive on Aug 9, 1930, and that death occurred, on the date stated above, at 3:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Malaria  
38  
191 (duration) ..... yrs. .... mos. ✓ ds.

CONTRIBUTORY (SECONDARY) Excision test (duration) ..... yrs. .... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED  
 AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) Dr. Davidson, M. D.  
8-10-30 (Address) Dr. Davidson

\*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 Hamtown Cemetery DATE OF BURIAL Aug 11 1930

20. UNDERTAKER Dr. Phelps, Paplar Bluff Mo ADDRESS

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.

