

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

Do not use this space.

28996

1. PLACE OF DEATH

County Wright
Township Mountain Grove
City Mountain Grove (No. 215)

Registration District No. 908
Primary Registration District No. 49749
City Edm

File No. _____
Registered No. 32
St. 2nd Ward

2. FULL NAME Julia Frances Adams

(a) Residence No. 215 Edm St. 2nd Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 Robert L. Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) in her own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER George Latham

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Robert L. Adams
(Address) Mountain Grove Mo

15. FILED 7/27/1930 J. M. L. L. L. L. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1930, to Aug. 23, 1930.
that I last saw him alive on Aug. 23, 1930, and that death occurred, on the date stated above, at 6.25 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the stomach
46 B
several years duration Confined to bed eight months (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood in stools + vomitus
absence of HCL
(Signed) A. C. Arner, M. D.

Aug 24, 1930 (Address) Mountain Grove 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 Hillcrest Cemetery
Mountain Grove Mo DATE OF BURIAL Aug. 24 1930

20. UNDERTAKER None ADDRESS

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

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.

MARGIN RESERVED FOR BINDING

