

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

38972

1. PLACE OF DEATH

County De Witt
Township Watkins
City (No.) (No.)

Registration District No. 266
Primary Registration District No. 3-378

File No.
Registered No. 160
St. Ward

2. FULL NAME

Lena May Adams
(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>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May-1-1925</u>		
7. AGE	YEARS <u>5</u>	MONTHS <u>7</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or 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) Lakespring Mo
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>M. B. Adams</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Minnie Clayton</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)

14. INFORMANT A. E. Sellers
(Address) Stobson Mo

15. FILED 12/16 1930 H. E. Ruedel, Jr. Sr.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1930 to Dec 15 1930 that I last saw her alive on Dec 14 1930, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Diphtheria
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 10
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lake Spring Mo DATE OF BURIAL Dec 16 1930
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. E. Sellers M. D.
12/16 1930 (Address) Salem 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 Lake Spring Mo DATE OF BURIAL Dec 16 1930
20. UNDERTAKER Rudolph Hill ADDRESS Rella Mo

WRITE PLAINLY, WITH UNFAADING 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.

JAN 19 1931

