

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

Do not use this space.

**38977**

**PLACE OF DEATH**  
County Howe Registration District No. \_\_\_\_\_  
Township Spencer Primary Registration District No. \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Word \_\_\_\_\_

**2. FULL NAME** Nancy Jane Adams  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Word \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Geo W. Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28-1833

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
97 9 1

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)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo

**PARENTS**

10. NAME OF FATHER John Bruckey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo

12. MAIDEN NAME OF MOTHER Simpson

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

14. INFORMANT Geo Adams  
(Address) On 240 Mo

15. FILED \_\_\_\_\_, 19 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Dec 29, 1930, that I last saw her alive on Dec 29, 1930, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer

CONTRIBUTORY (SECONDARY) 215 (B)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) H. J. Wise, M. D.  
12/29/1930 (Address) Sparta 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 Johnson Cemetery DATE OF BURIAL 12-30 1930

20. UNDERTAKER Karlbun & Chaffin ADDRESS Sparta

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.

6967  
21.75  
47.92

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Douglas Registration District No. 281 File No. \_\_\_\_\_  
Township Spencer Primary Registration District No. 6236 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo W. Adamson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28-18 33

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
97 9 1 \_\_\_\_\_

**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) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Crawford Co  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Pete Brisley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Crawford Co Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Simpson

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

14. INFORMANT Geo Adamson  
(Address) Ouga mo

15. FILED 1-15 1931 S. D. Hale  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1930

17. I HEREBY CERTIFY That I attended deceased from Dec 29 1930 to Dec 29 1930  
that I last saw him alive on Dec 29 1930, and that death occurred, on the date stated above, at 3:30 p.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cause unknown

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

12/ (Signed) H. J. Wise M. D.  
29, 1930 (Address) Sparta 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 Johnson Cemetery DATE OF BURIAL 12/30 1930

20. UNDERTAKER Rathbun & Chaffin ADDRESS Sparta Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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