

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.

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

Do not use this space.

39855

1. PLACE OF DEATH

County JeffersonRegistration District No. 419Township McDonaldPrimary Registration District No. 5-5-73City Bowling Green - Route 2

File No.

Registered No.

St. Ward)

2. FULL NAME Emma Adams

(a) Residence. No. St.

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos.

How long in U.S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. L. Adams6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19, 1877

7. AGE

YEARS 53MONTHS 10DAYS 19

IF LESS than 1 day, ... hrs. or min.

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) Bowling Green(STATE OR COUNTRY) Missouri10. NAME OF FATHER Nathanial J. Goss11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown(STATE OR COUNTRY) North Carolina12. MAIDEN NAME OF MOTHER Mary Poe13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown(STATE OR COUNTRY) Georgia

14.

INFORMANT Alfred B. Adams
(Address) Carthage, Missouri

15.

FILED 12.10.1930Mrs. W. C. Hall.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 8 1930

17.

I HEREBY CERTIFY, That I attended deceased from Dec 8, 1930, to Dec 8, 1930, that I last saw him alive on Dec 8, 1930, and that death occurred, on the date stated above, at 7:20 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH:

WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Clinical(Signed) D. J. O'Donnell, M. D.12/10, 1930 (Address) Carthage 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

Harvey CemeteryDec. 10 1930

20. UNDERTAKER

ADDRESS

Kneel MortuaryCarthage, Missouri

