

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.

JUN 27 1931

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

Do not use this space.

10761-a

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1. PLACE OF DEATH

County Miller  
Township Saline  
City Eldon (No. 4330)

Registration District No. 561  
Primary Registration District No. 4330

File No. 60  
Registered No. 60  
St. Mo Ward

2. FULL NAME

(a) Residence, No. Mary E. Admire St.  Ward

(Usual place of abode)  
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. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles A. Admire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1840

7. AGE YEARS 91 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Admire, Mary E.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. E. H. Shepherd (ADDRESS) Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Incumbent DATE 3-12 1931

19. UNDERTAKER W. A. Phillips (ADDRESS) Eldon

20. FILED 3-12 1931 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1931

2. I HEREBY CERTIFY, That I attended deceased from 3-11 1931, to 3-11 1931

I last saw him alive on 3-11 1931. Death is said

to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Senility Date of onset

162

Other contributory causes of importance:

162

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. B. Shilton M. D. (Address) Eldon Mo

