

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

Do not use this space.

13115

1. PLACE OF DEATH

County Bassett
Township Wheaton
City Wheaton (No.)

Registration District No. 1148
Primary Registration District No. 50414

File No.
Registered No. 13
St. Ward

2. FULL NAME

Mrs Lizzie Harris Adams

(a) Residence. No. 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF

Henry Adams

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

Nov 30 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

42

4

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House work

(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)

Ark

10. NAME OF FATHER

Samuel Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

Effie Lee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

14.

INFORMANT (Address)

Henry Adams
Wheaton Mo

15.

FILED

Apr 13 1936

E. Edmondson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1936

17.

I HEREBY CERTIFY, That I attended deceased from Feb 4, 1936, to Feb 4, 1936
that I last saw him alive on Feb 4, 1936, and that death occurred, on the date stated above, at 8 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Etc.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Not known

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. W. Carr, M. D.
19 (Address) Wheaton 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

Rocky Comfort Mo

April 13 1936

20. UNDERTAKER

ADDRESS

Belka & Messell

Wheaton Mo

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.

MAY 2 1 1936

