

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

Do not use this space.

1. PLACE OF DEATH:

County Greene
Township Greene
City Steels (No. _____)

Registration District No. 68-1
Primary Registration District No. 8-863

File No. 22317
Registered No. 97
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14 - 30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 2 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Steels
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER J. E. Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greene
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Isadora White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greene
(STATE OR COUNTRY) Tenn

14. INFORMANT J. E. Adams
(Address) Steels, Mo

15. FILED Aug 8, 1931 Lida Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1931 to June 21, 1931
that I last saw her alive on June 20, 1931, and that death occurred, on the date stated above, at 6:46 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Colitis

CONTRIBUTORY (SECONDARY) 1193 (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) B. E. Roberts M. D.
6-22, 1931 (Address) Blytheville Ark

*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 St Mathies cem DATE OF BURIAL 6-22-1931

20. UNDERTAKER German mortco ADDRESS Steels, 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

1 PLACE OF DEATH

County Penniscot
 Township Penniscot
 Inc. Town or City Steele

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 651
 Primary Registration District No. 3863
 File No. 22317
 Registered No. 122
 St.; Ward

2 FULL NAME Wesley Adams

If death occurred in a hospital or institution, give its NAME instead of street and number.

(a) Residence. No. _____ St., _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR or RACE col 5 Single, Married, Widowed, or Divorced (write the word) Infant

6a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Infant

6 DATE OF BIRTH April 14, 1930
 Month Day Year

7 AGE Years Months Days If LESS than 1 day, ... hrs. or min.
2 1 7

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business or establishment in which employed (or employer) —
 (c) Name of employer —

9 BIRTHPLACE (city or town) Steele
 (State or country) Mo

10 NAME OF FATHER J. E. Adams
 11 BIRTHPLACE OF FATHER (city or town) Greenwell
 (State or country) Miss

12 MAIDEN NAME OF MOTHER Sydney White
 13 BIRTHPLACE OF MOTHER (city or town) Greenwell
 (State or country) Miss

14 Informant J. E. Adams
 (Address) Steele, Mo

15 Filed Nov 15, 1933 Ada Martin
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 21, 1931
 Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from No medical attended, 19—

that I last saw him alive on —, 19—
 and that death occurred, on the date stated above, at 6:40 a.m.
 The CAUSE OF DEATH was as follows:

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. (See reverse side for additional space.)

Colitis
119B
 (duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted
 If not at place of death? ✓

Did an operation precede death? NO Date of —
 What operation performed? —

Was there an autopsy? NO
 What test confirmed diagnosis? Chinest

(Signed) James P. Victory M. D.
 19 (Address) Steele, Mo

19. PLACE OF BURIAL, CREMATION, or REMOVAL St Mathias
 DATE OF BURIAL 6-22-1931

20 UNDERTAKER German mndro
 ADDRESS Steele

Burial or Transit Permit issued by _____ Date of Issue _____

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by

U. S. Census and American Public Health Association]



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse,"

"Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMOCIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association).

Note.—Certificates may be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

5-22317