

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.

JUL 22 1931

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

Do not use this space.

24149

1. PLACE OF DEATH

County Barry
Township Butterfield
City Butterfield (No. _____)

Registration District No. 21
Primary Registration District No. 6240

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Mary Elizabeth 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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. E. Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-2-1854</u>		
7. AGE YEARS <u>77</u> MONTHS <u>5</u> DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) <u>Mountain Co., Mo</u>		
FATHER	13. NAME <u>John Henry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>	
MOTHER	15. MAIDEN NAME <u>Henry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
17. INFORMANT <u>M. E. Adams</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Church</u> DATE <u>7-2</u> 19 <u>31</u>		
19. UNDERTAKER <u>W. D. T. Aaron</u> (ADDRESS) <u>Cassville, Mo.</u>		
20. FILED <u>7-10</u> 19 <u>31</u> <u>Mattie Blum</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1 1931

22. I HEREBY CERTIFY, That I attended deceased from 9 am 1929 to July 1st 1931
I last saw him alive on 6-30 1931. Death is said to have occurred on the date stated above at 6:30.
The principal cause of death and related causes of importance were as follows:
apoplexy (cerebral)
Date of onset mo
82
82
Other contributory causes of importance: arteriosclerosis

Name of operation Chinoid Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
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) W. D. T. Aaron M. D.
(Address) Cassville, Mo

