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

Do not use this space.

28955

1. PLACE OF DEATH
County Newton — Registration District No. 1046 #11
Township Shoal Creek — Primary Registration District No. 5810
City Joplin (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Adelia Proctor
(a) Residence, No. 44 + Wall St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1869

7. AGE YEARS 62 MONTHS 7 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Mo.

FATHER
13. NAME Joseph Paul
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Jane Knox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Ray Smith Joplin, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hornett DATE 8/28, 1931

19. UNDERTAKER (ADDRESS) Anderson Undleo Joplin

20. FILED 8-27, 1931 A. Benson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to Aug 26, 1931
I last saw her alive on Aug 26, 1931. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
46E	
Cancer of Liver	

Other contributory causes of importance:

46E

Name of operation ..... Date of 7/31/31
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 ....., 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) H. L. Wilbur, M. D.
(Address) Joplin, Mo

...ERMANENT REC...
...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.

SEP 26 1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Newton — Registration District No. 1046 — File No.
Township Shoal Creek — Primary Registration District No. 5810 — Registered No. 12
City (No. St. Ward)

2. FULL NAME Adelia Proctor
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Proctor

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 24 1869

7. AGE: Years 62 — Months 7 — Days 3 — 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) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Joseph Paul
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Jane Knox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Ray Smith
(Address) Joplin mo

15. FILED 10-4-31 J. W. Rueman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 27 1931

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1931 to Aug 26, 1931, that I last saw her alive on Aug 26, 1931, and that death occurred, on the date stated above, at 1:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cancer of liver

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. L. Wilber, M. D
, 19 (Address) Joplin 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: Hornett — DATE OF BURIAL: 8/28 1931

20. UNDERTAKER: Anderson Und Co — ADDRESS: Joplin

SUPPLEMENTARY

...WITH UNFADING ... IS A PERMANENT RECORD
...ion should be carefully supplied. AGE should be ... EXACTLY. PHYSICIANS ... should ... terms, so that it may be properly classified. Exact statement of OCCUPATION is very ...
NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED
REGIST...

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