

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

Do not use this space.

35477

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles

Registration District No. 757
Primary Registration District No. 3036
St. Joseph Hospital

File No. _____
Registered No. 159
St. _____ Ward _____

2. FULL NAME

Mrs. Missouri Ann Adie

(a) Residence, No. Pattonville, Mo. St. St. Louis County
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel M. Adie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 20, 1849</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>2</u>	DAYS <u>7</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>Housewife</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) Pattonville
(STATE OR COUNTRY) St. Louis County, Mo.

13. NAME Erastus Post
14. BIRTHPLACE (CITY OR TOWN) Vermont
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Long

16. BIRTHPLACE (CITY OR TOWN) Pattonville, Mo.
(STATE OR COUNTRY)

17. INFORMANT Miss Frances E. Adie
(ADDRESS) Pattonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Free Cemetery DATE Oct. 29, 1931

19. UNDERTAKER Steinbrinker Furr. Co.
(ADDRESS) St. Charles, Mo.

20. FILED 10/28 19 31 By J. Blochbaum
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1931 to Oct. 27, 1931
I last saw him alive on Oct. 27, 1931. Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

Senile Arterio Sclerosis
950
950
Other contributory causes of importance:
Cardiac compensation due to general arterio sclerosis.

Name of operation None Date of _____
What test confirmed diagnosis? Blood pressure and physical exam. 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? No
If so, specify _____
(Signed) J. Kuro _____, M. D.
(Address) St. Charles, Mo.

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.

NOV 28 1931

a.

