

NOV 28 1931

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

Do not use this space.

36567

98

1. PLACE OF DEATH

County Leaet
Township Rubland
City Sebastian (No. 6070)

Registration District No. 831
Primary Registration District No. 6070

File No. 98
Registered No. 98
St. Sebastian Ward 4

2. FULL NAME

Mary Beatrice Adams

(a) Residence, No. Sebastian St. Sebastian Ward. 4

(Usual place of abode) (If nonresident, give city or town and State)
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.

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 HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1886

7. AGE YEARS 45 MONTHS 3 DAYS 16 If LESS than 1 day, hrs. or min.

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

13. NAME Patrick A Connell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Ann Pickerington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown Mo

17. INFORMANT (ADDRESS) Dr J B Adams Sebastian Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sebastian Mo DATE Oct 22 1931

19. UNDERTAKER (ADDRESS) W J Welsh Sebastian Mo

20. FILED 10/28/31 Walter E. Davis Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1931, to Oct 20 1931, 1931

I last saw him alive on Oct 20 1931. Death is said

to have occurred on the date stated above, at 12.00 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
940 Angina Pectoris
930
102
Other contributory causes of importance:
High blood pressure

Name of operation Clonal Date of Clonal

What test confirmed diagnosis? Clonal Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Clonal Date of injury Clonal, 1931

Where did injury occur? Clonal

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Clonal

Nature of injury Clonal

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Clonal

(Signed) W J Welsh, M. D.

(Address) Sebastian Mo

DEC 16 1955