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

Do not use this space.

40028

1. PLACE OF DEATH
County: Andrew
Township: Monroe
City: (No. , St. Ward)
Registration District No.: 10
Primary Registration District No.: 5013
File No.:
Registered No.: 8

2. FULL NAME: Nora Bell Adams
(a) Residence, No. St., Ward.
(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.

MAR 19 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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): July 24 - 1922

7. AGE: Years 9 | Months 4 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ✓
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): DeKalb Co. Mo

FATHER
13. NAME: S. E. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co Mo.

MOTHER
15. MAIDEN NAME: Nora Edna Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co. Mo.

17. INFORMANT (ADDRESS): S. E. Adams

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bethel Cemetery DATE: Dec 13, 1931

19. UNDERTAKER (ADDRESS): C. M. Davis Savannah Mo

20. FILED: 18, 1931 L. L. Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Dec 11, 1931
I last saw her alive on Dec 10, 1931. Death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of 4th & 5th Lumbar Vertebra	about Jan 1931
BD	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? X Ray 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) C. H. Littler, M. D.
(Address) Clarkdale Mo