

MARGIN RESERVED FOR BINDING

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.

APR 27 1934

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

*Fickerson*  
Do not use this space  
8284

1. PLACE OF DEATH  
 48 County Jefferson Registration District No. 398  
 5 Township Boyle Primary Registration District No. 3019  
 8 City Independence, Mo. (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elizabeth Otisow Adams  
 (a) Residence, No. 801 North Main St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21<sup>st</sup> 1846

7. AGE YEARS 85 years MONTHS 7 DAYS 25 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid for the past 5 years  
 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) Gran Tipton, Cooper Co, Mo

FATHER  
 13. NAME Joseph H. Otisow  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gran Tipton, Cooper Co, Mo

MOTHER  
 15. MAIDEN NAME Mary Ann Alexander  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton, Cooper County, Missouri

17. INFORMANT (ADDRESS) Taken from Family Bible by A. Campbell, 1001 Summit, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn, Indep. DATE March 17, 1934

19. UNDERTAKER (ADDRESS) H. H. Mitchell, Independence, Mo

20. FILED Mar. 17, 34 H. Cook Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1927, to Mar 16, 1934  
 I last saw her alive on Aug, 1931. Death is said to have occurred on the date stated above, at 6 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage since June 1927 - Invalidity since 82A Death occurred during night - 97  
 Other contributory causes of importance:  
arteriosclerosis

Date of onset 1927

Name of operation None Date of \_\_\_\_\_  
 What best confirmed diagnosis? clinical 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. B. Fickerson, M. D.  
 (Address) Independence, Mo

