

13349-3

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

Do not use this space.

13349 ³

1. PLACE OF DEATH

72 County Putnam Registration District No. 224
Township Lewis Primary Registration District No. 6261
City (No. St. Ward)

2. FULL NAME

Pauline Adams
(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1901</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>6</u>	DAY <u>29</u>
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) <u>Lewis Twp, Ill.</u>		
13. NAME <u>G. W. Adams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bate Co Ill.</u>		
15. MAIDEN NAME <u>Hattie Beames</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT (ADDRESS) <u>G. W. Adams</u> <u>Lilbourn Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lilbourn</u> DATE <u>4 22</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>L. J. Hill</u> <u>Lilbourn Mo</u>		
20. FILED <u>Apr 22</u> 19 <u>32</u> <u>E. E. Jones</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1932 to Apr 21 1932
I last saw him alive on Apr 16 1932 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
Scarlet Fever
Other contributory causes of importance: (1)
Name of operation Date of
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
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) E. E. Jones M. D.
(Address) Lilbourn, Mo

26 1932

