

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.

JUL 25 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20026

1. PLACE OF DEATH
 56 County Lewis Registration District No. 478
 Township Highland Primary Registration District No. 3642
 City Cowdrey (No. _____ St. _____ Ward _____)

2. FULL NAME Stella May Adams

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 46 mos. 3 ds. 27 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 Roy L Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7-1886

7. AGE YEARS 46 MONTHS 3 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Mo.

13. NAME Larkin Williams

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

15. MAIDEN NAME Elizabeth Neff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Roy L Adams

18. BURIAL, CREMATION, OR REMOVAL Cowdrey Mo

PLACE Bilcoad DATE July 1-

19. UNDERTAKER Thos. + Anna H Ball

(ADDRESS) Evening Mo

20. FILED 7/3 19 32 Anna H. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2 1932 to June 29 1932

I last saw him alive on June 28, 1932 Death is said to have occurred on the date stated above, at 2 p. m.

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

Abdominal Ascites Date of onset May 1932

8 12 19

Other contributory causes of importance; Right Paraplegia 1931
and Liver disease

Name of operation none Date of _____

What test confirmed diagnosis? Physical 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. G. Brown M. D.
 (Address) Lewestown Mo.

