

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.

SEP 22 1932

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

Do not use this space.

25821

1. PLACE OF DEATH

County Deer
Township Watkins
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 266
Primary Registration District No. 5-378

File No. _____
Registered No. 48

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1866

7. AGE 66 YEARS MONTHS 8 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234

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) Phillips Co Mo,

13. NAME E Alexander Adams

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

15. MAIDEN NAME Susann Lenox

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

17. INFORMANT (ADDRESS) Walter Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE hormon crematory DATE Aug 4 1932

19. UNDERTAKER (ADDRESS) H. D. Hobbs

20. FILED 8/3 1932 W. C. Ridd, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26 1932 to Aug 2 1932

I last saw him alive on Aug 2 1932 Death is said to have occurred on the date stated above, at 2/10 m.

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

Cardiovascular Renal Disease Date of onset _____

Other contributory causes of importance: Influenza Dec 1-32

Name of operation none Date of _____

What test confirmed diagnosis? hematology Were an autopsy? _____

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

Accident, suicide, or homicide? no Date of injury _____ 1932

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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. C. Ridd, M.D.

(Address) Salem Mo

