

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

72 County Wayne  
 Township Maum  
 City Corrigan (No. \_\_\_\_\_)

Registration District No. 604Primary Registration District No. 5802File No. 285

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maud 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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married6. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF  
 (OR) WIFE OF Albert Dock Adams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-1879

7. AGE

YEARS 53MONTHS 8DAYS 22

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 3 4

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Middle Point  
 (STATE OR COUNTRY) Ill

FATHER MOTHER

13. NAME George Frank Pusey14. BIRTHPLACE (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY) Mo15. MAIDEN NAME Anna Linton16. BIRTHPLACE (CITY OR TOWN) Stewart Co  
 (STATE OR COUNTRY) Ill17. INFORMANT (ADDRESS) Albert Adams  
Corrigan Mo

18. BURIAL, CREMATION OR REMOVAL

PLACE St. Anthony's DATE 9/19/3219. UNDERTAKER (ADDRESS) B. M. Rayner  
Corrigan Mo20. FILED 12/16

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-193222. I HEREBY CERTIFY, That I attended deceased from July 12 1932, to Sept 18 1932  
 I last saw her alive on Sept 17 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Uterine CancerDate of onset Sept 18Other contributory causes of importance: 48 1/8

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. 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) Clair M. Pusey, M. D.(Address) 772 Stanton Ave

