

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

Do not use this space.

33123-a

1. PLACE OF DEATH

County Pike
Township Pascala
City Pascala (No. 1102)

Registration District No. 1102
Primary Registration District No. 5820

File No. 33123-a
Registered No. 33123-a
St. Mo Ward 4P

2. FULL NAME

(a) Residence, No. Mary Margrett Adair St. Pascala Mo. Ward 4P
(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 A 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24-32
7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
2 1

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) Pascala Mo

13. NAME Arch Adair
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Bulah May Kelley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Arch Adair

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville Mo DATE 10-

19. UNDERTAKER (ADDRESS) Friends Pascala Mo

20. FILED 1/5 1933 THU T. R Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25 1932
22. I HEREBY CERTIFY, That I attended deceased from 10/18 1932 to 10-25 1932
I last saw him alive on 10-25-32 1932 Death is said to have occurred on the date stated above, at 4P m.
The principal cause of death and related causes of importance were as follows:

Whooping cough
9

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 — 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? —
If so, specify —
(Signed) J. W. Rhodes M. D.
(Address) Hayti Mo

