

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 26 1933

Mott

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

Do not use this space.

43055-3

1. PLACE OF DEATH

County Wright
Township Hartsville
City Hartsville (No. _____)

Registration District No. 906
Primary Registration District No. 4547

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME Samantha Adamson

(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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Adamson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29th 1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>5</u>
	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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>Missouri</u>		
FATHER	13. NAME <u>Samuel Goday</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>John Adamson</u> (ADDRESS) <u>Hartsville, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hartsville Cemetery</u> DATE <u>Jan. 3rd 1933</u>		
19. UNDERTAKER <u>Mrs. D. P. Whelchel</u> (ADDRESS) <u>Hartsville, Mo</u>		
20. FILED <u>Aug 15, 1933</u> <u>Mabel Bean</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to Dec 30, 1932

I last saw him alive on Dec 30, 1932 Death is saidto have occurred on the date stated above, at 9 P. m.

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

Lobar Pneumonia
108
1060
Die
27
1932

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) J. P. Mott, M. D.(Address) Hartsville Mo

