

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

County GentryRegistration District No. 309File No. 944Township HowardPrimary Registration District No. 5434Registered No. 2City Maggie Adams (No.)St. Ward 2. FULL NAME Maggie 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 <u>4</u>	4. COLOR OR RACE <u>16</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Adams</u>

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-2-94

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>38</u>	<u>5</u>	<u>4</u>		

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Centerville, Mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Lucy Campbell</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Lawrence Wilson
(Address) Dennis, Mo.15. Aug 6, 1933 W. G. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 193317. I HEREBY CERTIFY, That I attended deceased from Jan 2 1933, to Jan 8 1933, that I last saw him alive on Jan 6 1933 and that death occurred, on the date, stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
1070

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Physical inspection(Signed) Lucy A. Ray, M. D., 19 (Address) Dennis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Home Jan 7 1933

20. UNDERTAKER

ADDRESS

Brown Bros Dennis

1933-1-6
1884 8-2

3-1-4