

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

Do not use this space.

6616

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 604 274
 2 Township Lilbourn Primary Registration District No. 3842
 3 City Lilbourn (No. 4063) St. _____ Ward _____

2. FULL NAME Martha June 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Adams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1887
 7. AGE YEARS 85 MONTHS 2 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. His wife
 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) Trigg Co Ky
 13. NAME A. B. Coleman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trigg Co Ky
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT (ADDRESS) J. S. Adams Lilbourn
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bergeron DATE _____ 19____
 19. UNDERTAKER (ADDRESS) Richards and Co New Madrid
 20. FILED Feb 4 1933 E. E. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 1 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933 to Feb 1 1933
 I last saw him alive on Feb 1 1933. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
 Date of onset _____
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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? no
 If so, specify _____
 (Signed) E. E. Jones M. D.
 (Address) Lilbourn, Mo

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.

RECEIVED 3/17/50