

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

Do not use this space.

9034

1. PLACE OF DEATH

County Daviess
Township Liberty
City H (No. _____)

Registration District No. 248
Primary Registration District No. 5344

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Marion Ellsworth 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Marie Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agriculture

10. Date deceased last worked at this occupation (month and year) March 26-33 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME John Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Catherine M. Kenzie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Earl Adams
(ADDRESS) Norton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Creekmore Cemetery DATE 3-28 1933

19. UNDERTAKER J. A. Hope
(ADDRESS) Waller, Mo.

20. FILED _____ 19 Missouri Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw deceased alive on 3/26/ 1933 Death is said to have occurred on the date stated above, at 3. NP. m.

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

168
168
Other contributory causes of importance:

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? suicide Date of injury 3/26/ 1933

Where did injury occur? Gallatin, Daviess Co., Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury cut with razor

Nature of injury cut throat

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ coroner

(Signed) Clifton Murray, M. D.

(Address) Gallatin 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

APR 24 1933
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