

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.

MAY 24 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

15369

## 1. PLACE OF DEATH

County SalineRegistration District No. 796

Township

Primary Registration District No. 3038City Marshall

(No. )

St.

Ward)

## 2. FULL NAME

(a) Residence, No. St Joseph Mo

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 10 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)

Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFE. H. Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 27, 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
or min.80222

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.None9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)South Charleston

MOTHER FATHER

13. NAME

J. D. Hicks14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)South Charleston

15. MAIDEN NAME

Julia A. Hedrick16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)South Charleston17. INFORMANT  
(ADDRESS)Frank H. Adams

18. BURIAL, CREMATION, OR REMOVAL

PLACE Amor. MoDATE Apr 21

19. 21

19. UNDERTAKER  
(ADDRESS)J. H. Campbell

20. FILED

5-3-19. 33A. C. Putnam

Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

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

Apr 191933

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 111933Apr. 191933I last saw him alive on Apr. 19, 1933. Death is saidto have occurred on the date stated above, at 8:00 m.

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

Date of onset

Encephalitis (allergic)4-10-33

Other contributory causes of importance:

Hypostatic pneumonia4-10-33

Name of operation

Date of

What test confirmed diagnosis Cholera Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury

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)

Albion, M. D.

(Address)

Marshall, Mo.

