

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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH

County Johnson
Township Warrensburg
City Warrensburg (No. Warrensburg Clinic)

Registration District No. 431
Primary Registration District No. 3023

File No. 16971
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1870
7. AGE YEARS 63 MONTHS 3 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Johnson Co Mo.

13. NAME Fred Miller

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

15. MAIDEN NAME Margaret Miller

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

17. INFORMANT (ADDRESS) George W. Adams R.R. #7 Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adams Cem. DATE May 19, 1933

19. UNDERTAKER (ADDRESS) W. F. Wilson Funeral Service 317 N. Holden Warrensburg Mo.

20. FILED May 26 1933 Wm. R. Patterson Registrar.

9/ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to May 17, 1933
I last saw her alive on May 17, 1933. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cholecystitis
126
127B
126
Other contributory causes of importance: Gallstones
Date of onset 5-5-33

Name of operation Removal of gall stones Date of 5-15-33
What test confirmed diagnosis? Stomach 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) Wm. R. Patterson, M. D.
(Address) Warrensburg Mo.

