

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

Do not use this space.

18194

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No. *4469 Penrose*)

701
Registration District No.
Primary Registration District No.

File No.
Registered No. **4402**
St. Ward

2. FULL NAME

Ethel Adams
(a) Residence, No. *4469 Penrose* St., *10* 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 *Female* 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 *Robert Adams*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 25, 1873*

7. AGE YEARS <i>59</i>	MONTHS <i>9</i>	DAYS <i>13</i>	IF LESS than 1 day, hrs. or min.
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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) *Miss.*

13. NAME *Elyvester Wilson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss.*

15. MAIDEN NAME *Emma McCull*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT *Robert Adams* (ADDRESS) *4469 Penrose*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Yickburg, Miss.* DATE *May 20, 1933*

19. UNDERTAKER *Fred M. Williams* (ADDRESS) *4335 Washington Ave*

20. FILED *1933* *J. P. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 18, 1933*

I HEREBY CERTIFY, That I attended deceased from *June 4, 1932*, to *May 16, 1933*, last saw him alive on *5/16, 1933*. Death is said to have occurred on the date stated above, at *8:45 p.m.*

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

Myocarditis - chronic
Arteriosclerosis - general
Nephritis - chronic 1931
Date of onset 1931
1932

Other contributory causes of importance:
Uremia 1931
936
97 1933

Name of operation..... Date of.....

What test confirmed diagnosis *Eum* 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) *Louis Cohen*, M. D.
(Address) *1705 1/2 N. 1st St. St. Louis, 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.

335
52
29

over water