

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19575

62

1. PLACE OF DEATH
 County Howe Registration District No. 384
 Township Wesley Primary Registration District No. 4227
 City Wesley, Mo. St. _____ Ward _____
 2. FULL NAME Christine Adams
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FW 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 Herbert Adams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-9-1900
 7. AGE YEARS 33 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 95
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co., Mo.
 13. NAME J. B. Collins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co., Mo.
 15. MAIDEN NAME Carla McElfish
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.
 17. INFORMANT (ADDRESS) J. B. Collins
 18. BURIAL, CREMATION, OR REMOVAL PLACE East Row DATE 6-15-1933
 19. UNDERTAKER (ADDRESS) McFarland
 20. FILED 6-15-1933 Ord. No. 11000 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 1933, to _____, 1933.

I last saw him alive on June 14, 1933 Death is saidto have occurred on the date stated above, at 7:05 m.

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

Cardiac Lesion

Date of onset

Other contributory causes of importance:

Name of operation

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? ✓ Date of injury 6-14-1933Where 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? ✓If so, specify ✓(Signed) J. B. Collins, M. D.(Address) Wesley, Mo.

33-6-14
33-2-9

1900-4-1-