

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.

SEP 26 1933

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

Do not use this space.

25617

1. PLACE OF DEATH

County Boone MoRegistration District No. 73Township Columbia MoPrimary Registration District No. 3026City Columbia Mo (No. 1038)File No. 167Registered No. 167St. Mo Ward

2. FULL NAME

(a) Residence, No. Mrs Lucy Ann Adams 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

H. F. Adams

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

June 4 1891

7. AGE

42

MONTHS

7

DAYS

—

If LESS than 1 day, hrs. min.

OCCUPATION

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

Cosmetician

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)

Boone Mo

FATHER

13. NAME

R. L. Adams

MOTHER

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

Hanson

15. MAIDEN NAME

Francis Pigg

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

Boone Mo

17. INFORMANT (ADDRESS)

R. L. Adams - Mr & Mrs O. L. Adams

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Aug 7 1933

19. UNDERTAKER (ADDRESS)

R. O. Willett20. FILED 8/57, 1933Allie Selby

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-193322. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933, to —, 19—I last saw him Y alive on Y, 19Y. Death is saidto have occurred on the date stated above, at 4:50 AM.

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

Accidentally burned by explosion of gasoline lamp - igniting clothing. Died 36 hours later.

Other contributory causes of importance:

Name of operation 181 Date of 181What test confirmed diagnosis? 181 Was there an autopsy? 38

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-2-1933Where did injury occur? 9 mi N.E. Columbia Mo

(Specify city or town, county, and State)

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

Home

Manner of injury

Nature of injury

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

If so, specify —(Signed) E. H. Davis, M.D.(Address) Columbia Mo

1933 8-4
42 7 0
91 1 94