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

Do not use this space.

28726

File No.

Registered No.

1. PLACE OF DEATH

7

County Bates Registration District No. 48

Township Homer Primary Registration District No. 5072

City (No. , St. Ward)

2. FULL NAME Lillian Adams

(a) Residence, No. 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.

NOV 10 1933

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.

WRITE PLAINLY—WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	6	16	

OCCUPATION

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) Morgan Co (STATE OR COUNTRY) Kentucky

FATHER

13. NAME Andy Thomas McGuire

14. BIRTHPLACE (CITY OR TOWN) Morgan Co (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Sarah J. Havens

16. BIRTHPLACE (CITY OR TOWN) Morgan Co (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs W Adams (ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Virginia DATE Sept 22 1933

19. UNDERTAKER Culver's (ADDRESS) Butler Mo

20. FILED Sept 21, 1933 Viola L Lillis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Sept 20, 1933

I last saw h.e alive on Sept 20, 1933. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

	Date of onset
Cerebral Hemorrhage	
8 days	

Other contributory causes of importance:

Name of operation Date of

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, 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?

If so, specify

(Signed) J M Smith, M. D.

(Address) Amoret Mo