

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Franklin
City Franklin (No.)

Registration District No. 4
Primary Registration District No. 3.001

File No. 32058
Registered No. 169
St. Ward)

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 2 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co., Mo.

10. NAME OF FATHER S. D. Fanning

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Edna Herin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Chas Fanning
Franklin, Mo.

15. FILED 10/7, 1933 Mrs C.H. Becker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 2nd 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept. 28th, 1933, to Oct. 2nd, 1933, that I last saw him alive on Oct. 2nd, 1933, and that death occurred, on the date stated above, at 12:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction
caused by a band of adhesion
probably from previous operation
(duration) yrs. mos. ds. 3 1/2

CONTRIBUTORY (SECONDARY) 1933 12 2
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 1st 9:30pm
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? found at operation
(Signed) Geo. F. Sussel, M. D.
, 19 (Address) Franklin Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cemetery DATE OF BURIAL 10/3rd 1933

20. UNDERTAKER F. R. Easley ADDRESS Boschan

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. NOV 10 1933

