

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

Do not use this space.

37687

1. PLACE OF DEATH

94 County St. Francois
Township Peery
City (No.) St. Ward)

Registration District No. 775
Primary Registration District No. 6070

File No.
Registered No. 82

2. FULL NAME

Lisbon Adams House

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lula Alice House

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 13/1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bonneton
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Milton House

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

12. MAIDEN NAME OF MOTHER Bill House

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

14. INFORMANT Harry House
(Address) Bonne Terre Mo.

15. FILED 11/11 1933 T.A. Lion
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 11 1933

17. I HEREBY CERTIFY, That I attended deceased from 9:55 pm on Nov. 11, 1933 that I last saw him... alive on Nov. 9, 1933, and that death occurred, on the date stated above, at 4:55 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
6 chronic nephritis

(duration) 3 yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY) 151
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED At Home
IF NOT AT PLACE OF DEATH: At Home

19. DID AN OPERATION PRECEDE DEATH? No (DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Lee Turley, M. D.

(Address) Bonneton

*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 Greenway cemetery
DATE OF BURIAL 11-13 1933

20. UNDERTAKER Best Berger
ADDRESS Leadwood

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.

WHILE / LAWYER, WITH ONFADING IMPRESSIONS IS A PERMANENT RECORD

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115. 11/11/11