JAN 26 1934

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

Do not use this space.
40004

1. PLACE OF DEATH
County Jackson — Registration District No. 396
Township Kan. — Primary Registration District No. 1009
City K.C. Mo. (No. 2729 Oline St. Ward)

File No.
Registered No. 48

2. FULL NAME Adaneta Churchill
(a) Residence, No. 2729 Oline 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: C. W. Churchill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9, 1851

7. AGE: Years 82 — Months 9 — Days 28 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Hanibal, Mo.

FATHER
13. NAME: Wm. Mc Danial
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alexander Virginia

MOTHER
15. MAIDEN NAME: Jane Stevens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salsbury Maryland

17. INFORMANT (ADDRESS): C. W. Mc Danial 2729 Oline

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hanibal Mo DATE 12/9 1933

19. UNDERTAKER (ADDRESS): H. Tegeman & Son's 2738 Prospect

20. FILED 12-8 1933 M. M. Crouse asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... I last saw ... alive on ..., 19... Death is said to have occurred on the date stated above at ...m.
The principal cause of death and related causes of importance were as follows:

Chronic Anthosyndesmitis — Date of onset
Arteriosclerosis

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? yes

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) ..., M.D.
(Address)

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 UNFADING INK—THIS IS A PERMANENT RECORD