

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

Do not use this space.

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1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 11
St. Ward)

2. FULL NAME

Jennie Phillips Adair
(a) Residence, No. Columbia Mo St. R 2 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED Husband (OR) WIFE OF E. F. Adair
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21st 1882
7. AGE YEARS 51 MONTHS 4 DAYS 18 If LESS than 1 day, ... hrs. or min.

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) Columbia T.S. (STATE OR COUNTRY) Boone Co

13. NAME Warner Bryan

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

15. MAIDEN NAME Sue Allen

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

17. INFORMANT J. F. Adair (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Allen Cem. DATE Jan 10th 1934

19. UNDERTAKER R. O. Willett (ADDRESS)

20. FILED 1/9/1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Jan 8, 1934

I last saw her alive on Jan 2, 1933 Death is said

to have occurred on the date stated above, at 4:30 A.M.

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

Cancer of cervix Date of onset Don't know
48

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury None, 19

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

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

If so, specify no

(Signed) W. H. Galt, M. D.

(Address) Columbia, Mo.

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.

1934

2035

