

FEB 27 1934

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

Do not use this space.

1717

1. PLACE OF DEATH

County Racine
Township Casson
City (No.)

Registration District No. 453
Primary Registration District No. 5819

File No. 1717
Registered No. 2
St. Ward

2. FULL NAME Mrs. J. J. Adams

(a) Residence, No. 53 St. 53 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 OF (OR) WIFE OF J. J. Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17 1859

7. AGE YEARS 74 MONTHS 10 DAYS 1 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. own home

10. Date deceased last worked at this occupation (month and year) Dec. 1933 11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Ill

13. NAME John C. Dickins

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

15. MAIDEN NAME Untermyer

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

17. INFORMANT (ADDRESS) Daughter

18. BURIAL, CREMATION, OR REMOVAL Int. Saline DATE 1-20 1934

19. UNDERTAKER (ADDRESS) Holman & Stewart

20. FILED Jan. 23 1934 E. R. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1934

22. I HEREBY CERTIFY That I attended deceased from Dec. 1, 1933 to Jan 18, 1934
I last saw her alive on Jan 1, 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Carcinoma Liver

455

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? none Date of injury none, 19 none

Where did injury occur? none (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 H. A. Hamilton

(Signed) Lebanon, Mo. M. D.

(Address) Lebanon, Mo.

