

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Macon
Township Liberty
City Callao (No. _____)

Registration District No. 528
Primary Registration District No. 4314

File No. 5663
Registered No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5 1837</u>		
7. AGE YEARS <u>96</u>	MONTHS <u>7</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
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) <u>Macon County Mo</u>		
13. NAME <u>William Sears</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon Co. Mo.</u>		
15. MAIDEN NAME <u>un known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>un known</u>		
17. INFORMANT <u>Rhoda Brown</u> (ADDRESS) <u>Macon Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Callao</u> DATE <u>Feb 5 1934</u>		
19. UNDERTAKER <u>Perry and Sons</u> (ADDRESS) <u>Callao Mo</u>		
20. FILED <u>Feb 5 1934</u> <u>WFBaker</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Feb. 3, 1934.
I last saw her alive on Feb. 3, 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
Spoplexy Cerebral
82A
Other contributory causes of importance:
82A
Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Exam Was there an autopsy? NO

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) W. W. Webb M. D.
(Address) Callao Mo

