

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH  
 3 County Atchison Registration District No. 19  
 Township Cherry Primary Registration District No. 4013  
 City Rock Port (No.       ) St.        Ward       

2. FULL NAME Lydia Louisa Adamson  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bud Adamson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1862  
 7. AGE YEARS 72 MONTHS 0 DAYS 60 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife  
 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) Missouri  
 13. NAME James M. Stampfer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 15. MAIDEN NAME Lydia Louisa  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 17. INFORMANT Bud Adamson (ADDRESS) Rock Port Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Mar 7 1934  
 19. UNDERTAKER G. E. Byham (ADDRESS) Rock Port Mo  
 20. FILED Mar 7 1934 Mary G. Chamberlain Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 23rd 1934, to March 3rd 1934.  
 I last saw him alive on March 3rd 1934. Death is said to have occurred on the date stated above, at 11 a. m.  
 The principal cause of death and related causes of importance were as follows:  
flu pneumonia complicated by broncho pneumonia  
 Date of onset 10/20  
 Other contributory causes of importance: 11 a

Name of operation        Date of         
 What test confirmed diagnosis?        Was there an autopsy?         
 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? No  
 If so, specify         
 (Signed) William R. Strickland M. D.  
 (Address) Rock Port, Mo

