

MAY 25 1934

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

Do not use this space.

17292

1. PLACE OF DEATH

County Lafayette
Township Shiloh
City Odessa (No. _____)

Registration District No. 464
Primary Registration District No. 5827

File No. 16
Registered No. 45
St. _____ Ward _____

2. FULL NAME

Eva Adams

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stan Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
72 11 26

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) (STATE OR COUNTRY) Lafayette Co. Mo.

13. NAME Louis Glover

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

15. MAIDEN NAME Georgia Ann Slaght

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

17. INFORMANT Stan Adams (ADDRESS) Odessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL—
PLACE Odessa, Mo. DATE 5/6

19. UNDERTAKER H. G. Kussman (ADDRESS) Odessa

20. FILED 5-10, 1934 Wm. E. M. Gordin Registrar

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1934, to May 22, 1934

I last saw him alive on May 22, 1934 Death is said

to have occurred on the date stated above, at 4 P.M.

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

Carcinoma of stomach
1927
11/6
95

Other contributory causes of importance:
Myocardial Insufficiency with failing compensation

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) R. B. Shogley M. D.

(Address) Odessa, Mo.

