

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.

AGE 30 1934

233-

2

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township Long Oak
City (No.)

Registration District No. 53
Primary Registration District No. 5080

File No. 28274
Registered No. 42
St. Ward)

2. FULL NAME

Frankie V Adams

(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>married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. P. Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22, 1888</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>7</u>
	DAYS <u>16</u>	If LESS than 1 day, ... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	13. NAME <u>George Hobbs</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Katherine Matthews</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	17. INFORMANT (ADDRESS) <u>Frankie Adams</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACES <u>Longview City Mo.</u> DATE <u>July 9, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>James J. Adams</u>		
20. FILED <u>May 9, 1934</u> <u>James J. Adams</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1934 to Aug 8, 1934
I last saw her alive on Aug 8, 1934 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Date of onset 930
698
930
Other contributory causes of importance:
weight over 8.0 lbs.

Name of operation Chloroform Date of
What test confirmed diagnosis Chloroform Was there an autopsy? Yes

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) James J. Adams, M. D.
(Address) Bates

