

WHITE PLAIN, WITH OUTFOLDING IN THIS IS A STATEMENT. 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

County Howe
Township Howe
City Howe

Registration District No. 384
Primary Registration District No. 5535

File No. 32660
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

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.

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. F. Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1858
7. AGE YEARS 75 MONTHS 11 DAYS 18 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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Oregon Co. (STATE OR COUNTRY) Missouri

13. NAME Isaac Frankham
14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) _____

15. MAIDEN NAME Martha Ann Thompson
16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) _____

17. INFORMANT Lee Adams (ADDRESS) Adams, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Howe Valley DATE 9-23-1934

19. UNDERTAKER Robertson Mortuary (ADDRESS) Adams, Missouri

20. FILED 9-29 1934 W. W. Simons Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20 1934
22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to 9-20 1934
Last saw him alive on 9-18 1934 Death is said to have occurred on the date stated above, at 7:40 P.M.

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

Thrombosis Arteries Date of onset 1932

Other contributory causes of importance: _____

Name of operation None Date of _____

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? _____ Date of injury _____

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) W. W. Simons M. D.
(Address) Adams, Missouri

