

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

Do not use this space.

OCT 17 1934

32869

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 6225
 Township Paris Primary Registration District No. 1858 Registered No. 6225
 City Paris No. 4113 Roanoke St. Ed. Ward Ed.

2. FULL NAME Miss Willie May Adams
 (a) Residence, No. 4113 Roanoke Rd. St. Ed. Ward. Ed.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|--|-------------------|--|
| 3. SEX <u>Fe</u> | 4. COLOR OR RACE <u>Wh</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>no</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16 - 1873</u> | | | | |
| 7. AGE | YEARS <u>61</u> | MONTHS <u>3</u> | DAYS <u>29</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>at home</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>no</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year) <u>no</u> | | | |
| 11. Total time (years) spent in this occupation <u>no</u> | | | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brookfield Mo</u> | | | | |
| FATHER | 13. NAME <u>Alex. W. Adams</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo</u> | | | |
| | 15. MAIDEN NAME <u>Mary Louise Martin</u> | | | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London Mo</u> | | | |
| | 17. INFORMANT <u>Grace E. Adams</u> (ADDRESS) <u>4113 Roanoke Rd</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Sept 15, 1934</u> | | | | |
| 19. UNDERTAKER (ADDRESS) <u>W. W. Newcorners</u> <u>2111 E. 9th St. Mo.</u> | | | | |
| 20. FILED <u>9-15</u> 19 <u>34</u> <u>mm Crow</u> <u>asst Registrar.</u> | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 14 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14 1934 to Sept. 14 1934
 I last saw her alive on Sept. 14 1934 Death is said to have occurred on the date stated above, at 11:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus with metastases
cardiac vascular disease
 Date of onset no

Other contributory causes of importance:
no

(Name of operation) Date of
 What test confirmed diagnosis? 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 no
 (Signed) Langeneck, Paul M. D.
 (Address) 13506 Benton Blvd.

WRITE PLA NL WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

