

OCT 12 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33781

1. PLACE OF DEATH

County PalaskiRegistration District No. 713Township CullenPrimary Registration District No. 5942

City (No.)

St. Ward)

2. FULL NAME Geraldine Adhison(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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF no6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

#3

29

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 010. Date deceased last worked at
this occupation (month and
year) 211. Total time (years)
spent in this
occupation 012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Palaski Co
Mo.

FATHER

13. NAME Burt Adhison14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Lillie Hermsburg16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo.17. INFORMANT
(ADDRESS) Lilly Adhison
Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friendship Cem. DATE Sept. 12, 193419. UNDERTAKER
(ADDRESS) Clark Pruitt
Waynesville, Mo.20. FILED 9117

1934

C. Adhison

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 10, 1934, to Sept. 11, 1934I last saw him alive on Sept. 10, 1934 Death is saidto have occurred on the date stated above, at 5:45 P.M.

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

Dysentery, Amebic1317

Date of onset

Sept. 4, 1934

Other contributory causes of importance:

Name of operation 0

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? no Date of injury 0, 19Where did injury occur? 0

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. Malott, M. D.(Address) Cracker, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

