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

Do not use this space.

12426

MAY 25 1935

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1. PLACE OF DEATH
County Dunklin Registration District No. 284
Township Hatchtown Primary Registration District No. 5404
City Clarkton (No. 4169) St. Ward)
File No.
Registered No.

2. FULL NAME Alice Adams

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
62	5	13	

OCCUPATION
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. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holcomb Mo Dunklin Co.

FATHER
13. NAME Nelson Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Jane Snow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Sam Adams Clarkton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boyd DATE April 11, 1935

19. UNDERTAKER (ADDRESS) W. H. Irby Holcomb, Mo.

20. FILED May 10 1935 J. H. Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1935, to April 10, 1935
I last saw her alive on April 6, 1935. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 2/11/35

Other contributory causes of importance: Chronic Bronchitis

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

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) Dr. Jno. F. Peacock, M. D.
(Address) Clarkton 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.