

WRITE PLAINLY, 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.

MAY 25 1935

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

Do not use this space.

12513

203

1. PLACE OF DEATH
 County Green Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. Rock Castle Apts) St. _____ Ward _____
 2. FULL NAME Margaret Adams
 (a) Residence, No. 307 Rock Castle ward _____ (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1906
 7. AGE YEARS 28 MONTHS 8 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. free job
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for D. E. M. But
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry County, Mo
 MOTHER
 FATHER
 13. NAME W. M. Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri County
 15. MAIDEN NAME Helle Hulshus
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT (ADDRESS) W. M. Adams Springfield Mo
 18. BURIAL, CREMATION OR REMOVAL PLACE Springfield Mo DATE 4/7
 19. UNDERTAKER (ADDRESS) Springfield
 20. FILED 4-9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5 1935
 22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1935, to April 1935
 I last saw her alive on Mar 27 1935. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Colloid carcinoma of sigmoid (Krukenberg Tumors)
 Date of onset _____
 Other contributory causes of importance _____
 Name of operation Laparotomy Date of _____
 What test confirmed diagnosis? Smear 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 _____ 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) Joseph A. James, M. D.
 (Address) Springfield Mo

