

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.

JUN 1 1935

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

Do not use this space. X

13793

1. PLACE OF DEATH

County Remick Registration District No. 651
Township Little Prairie Primary Registration District No. 4388
City Carthageville No. _____ St. _____ Ward _____

2. FULL NAME

Margaret E. Adams
(a) Residence, No. 207 E 15th 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 <u>Female</u>	4. COLOR OR RACE <u>white</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>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-18-1923</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>2</u>
		<u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Henry Adams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
15. MAIDEN NAME <u>Dora E. Adams</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metropolis Ill</u>		
17. INFORMANT (ADDRESS) <u>Henry Adams Carthageville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Male Cemetery 4-17-35</u>		
19. UNDERTAKER (ADDRESS) <u>W. S. Smith Carthageville Mo</u>		
20. FILED <u>April 27, 1935 Uda Martin Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-35

22. I HEREBY CERTIFY, That I attended deceased from 4-15-1935, to 4-16-1935, 1935.

I last saw her alive on 4-16-1935. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:
Mechanical Choke Date of onset 4-16-35

Other contributory causes of importance:
10

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 ✓, 1935
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) A. Howard M. D.
(Address) Box 64 Carthageville, Mo.

