

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

Do not use this space.

17040

File No. 11  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Lincoln Registration District No. 498  
Township Bucklin Primary Registration District No. 4301  
City City of Bucklin (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Florence Loraine Adams

(a) Residence, No. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 17 yrs. 3 mos. 15 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Adams  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-23-1918  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
17 3 15

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. \_\_\_\_\_  
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) Bucklin Mo

13. NAME Wm S. Work

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

15. MAIDEN NAME Nellie L. Austin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atmora Iowa

17. INFORMANT Wm Work (ADDRESS) Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bucklin DATE May 10 1935

19. UNDERTAKER Ed. Harmon (ADDRESS) Bucklin Mo

20. FILED May 10 1935 J. L. Cantwell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 1935, to May 8 1935  
I last saw her alive on May 8 1935 Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Branchio-Pneumonia Date of onset 4-27  
Other contributory causes of importance: Exposure

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? No  
If so, specify \_\_\_\_\_

(Signed) J. L. Cantwell, M. D.  
(Address) Bucklin 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 PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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