

2135

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

Do not use this space.

18619

1. PLACE OF DEATH

County Saline
Township
City Marshall (No. Fitzgibbons Hoop)

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 73 Ward _____
St. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Oct 7 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
19 6 27

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. C.C.C. Camp

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) Hickory County Missouri

13. NAME Lessie Monrose Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County Missouri

15. MAIDEN NAME Stella Ferrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County Missouri

17. INFORMANT (ADDRESS) Louis Monroe Adams Miami, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton, Mo. DATE May 6 1935

19. UNDERTAKER (ADDRESS) Short - McCray Marshall, Mo.

20. FILED May 6 1935 Heky Ruston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 / 4 1935

22. I HEREBY CERTIFY, That I attended deceased from April 19 1935 to May 4 1935

I last saw him alive on May 4 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Lobar pneumonia Date of onset 4/19/35

Other contributory causes of importance: 108

Name of operation Clinical Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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? no

If so, specify _____

(Signed) Louis Monroe Adams, M. D.

(Address) Marshall, 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.

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MOTHER FATHER

