AUG 19 1935

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

Do not use this space.

File No. 23766
Registered No. 66

1. PLACE OF DEATH
County: Miller
Township:
City: Eldon, Mo (No. ..... St. ..... Ward)

Registration District No. 561
Primary Registration District No. 4330

2. FULL NAME: Mrs. Agnes E. 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. 3 ds. 20 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: R. E. Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19, 1855

7. AGE: Years 80 Months 10 Days 11 If LESS than 1 day, ... hrs. or ..... min.

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.:
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): Louisville, Kentucky

FATHER
13. NAME: George Hiriam Kanman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Elizibeth Shane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do Not Know

17. INFORMANT (ADDRESS): Mrs. Hetty E. Glanze, Eldon, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hazley Green, Mo DATE: 7/30/35, 19

19. UNDERTAKER (ADDRESS): Eldon Ryan, Eldon, Mo

20. FILED: July 29, 1935 Belle Haynes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1934 to July 20, 1935

I last saw her alive on July 20, 1935. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

	Date of onset
Arteriosclerotic valvular disease.	1925

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....

(Signed) John R. Ellison, M.D.
(Address) Eldon 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD