

Aug 12 1935

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

Do not use this space.

25458

1. PLACE OF DEATH

County Adair Registration District No. 4
Township 1 Primary Registration District No. 3001
City Kirksville (No.) St. Ward

File No.
Registered No. 145

2. FULL NAME

Dimple Cupp Adams
(a) Residence, No. 508 N. Elson 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 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 Wallace Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
47 8 12

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 July 24, 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Missouri

13. NAME John M. Cupp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Eva (Cupp) Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Kirksville Mo. Wallace Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Aug. 4 1935

19. UNDERTAKER (ADDRESS) Davis + Wilson Kirksville, Mo.

20. FILED Aug 7 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1934, to 8-2 1935

I last saw h. w. alive on Aug 7 1935. Death is said to have occurred on the date stated above, at 2 A m.

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

Embolism following Hysterectomy (Gibroid Tumor)
Date of onset
Other contributory causes of importance Hysterectomy

Name of operation Hysterectomy Date of 7-28-35
What test confirmed diagnosis? none 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.

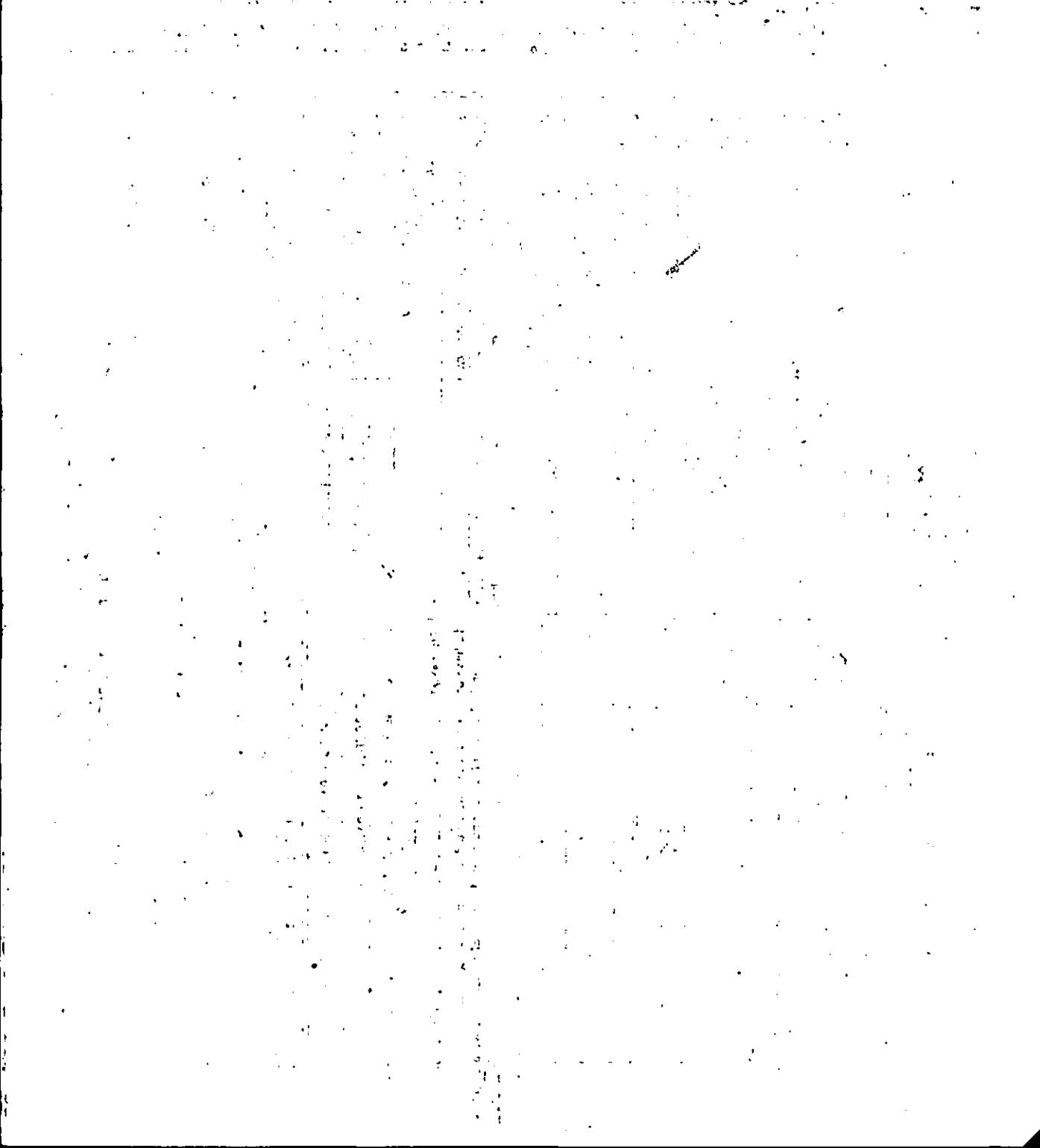
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) R. R. Green M. D.
(Address) Kirksville, 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



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

ALL INFORMATION OBTAINED FROM THIS SUPPLEMENT IS FOR MUST BE WRITTEN ON THIS SUPPLEMENT

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Kirksville Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Dimple Cupp 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 47 MONTHS 8 DAYS _____
IF LESS than 1 day _____ hrs. _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____

FATHER
13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Oct 21, 1935 1935 Spencer Dreamer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2 1935

HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I saw h _____ alive on _____, 19____. 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:

Fibroid Tumor
Not malignant
Other contributory causes of importance _____

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 _____, 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) R. P. Ellis, M. D.
(Address) Kirksville 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.

STATISTICAL

OCT 18 1935

S-25458