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.

SEP 21 1935

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

Do not use this space.

26932

1. PLACE OF DEATH
County Linn — Registration District No. 502 — File No.
Township Marceline — Primary Registration District No. 5668 — Registered No. 35
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Cemantha Janet Black.
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF → D A. Black.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1852

7. AGE: YEARS 83 — MONTHS 5 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Cooper Co Mo

FATHER
13. NAME Francis Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont Know

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Mrs Lee Morris Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rothville Cem DATE Aug 9 1935

19. UNDERTAKER (ADDRESS) Jas M Laughlin Marceline Mo

20. FILED 8/9 1935 Olive Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1935, to Aug 7, 1935
I last saw her alive on Aug 7, 1935. Death is said to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Aug 6
92 C	

Other contributory causes of importance: Chr. degen. Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin 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) M. L. Dickerson, M. D.
(Address) Marceline Mo

roeger