

NOV 25 1935

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

Do not use this space.

29366

45 1. PLACE OF DEATH
County Howard Registration District No. 379 File No.
Township Primary Registration District No. 3-5-25 Registered No.
City (No.) St. Ward)

2. FULL NAME Mrs. Nansie Callaway 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7-1855</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>3</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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) <u>Howard Co. Mo</u>		
MOTHER	13. NAME <u>James Callaway</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co Mo</u>	
	15. MAIDEN NAME <u>Jims</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co Mo</u>	
17. INFORMANT <u>Mr. Wm Adams</u> (ADDRESS) <u>New Franklin Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beaumont</u> DATE <u>Sept 25 35</u>		
19. UNDERTAKER <u>C. J. Dunbar</u> (ADDRESS) <u>New Franklin Mo</u>		
20. FILED <u>11/2</u> <u>35</u> <u>W. A. Glenn</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to Sept 23, 1935
I last saw h. w. alive on Sept 23, 1935. Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

apoplexy (cerebral) Sept 22-1935
Date of onset

Other contributory causes of importance:
Hypertension
Name of operation none Date of

What test confirmed diagnosis? Contra Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19.....

Where did injury occur?, 19.....
(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) W. A. Glenn, M. D.

(Address) New Franklin, Mo.

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.

