

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

Do not use this space.

32076

NOV 19 1935

1. PLACE OF DEATH

County Cape County
 Township Cape Guardian
 City St. Joseph

Registration District No. 125
 Primary Registration District No. 3009

File No. _____
 Registered No. 281
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Portageville Mo.
 (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 Male 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 Mahelda Adcock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1852

7. AGE YEARS 82 MONTHS _____ DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

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) Hamilton C. Ill

13. NAME Isaac Adcock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME May Ann Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Isaac Adcock

18. BURIAL, CREMATION, OR REMOVAL Portageville Mo.

19. UNDERTAKER (ADDRESS) R. M. Rasmussen

20. FILED 10-8-35 John Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1935, to 10/8, 1935

I last saw him alive on 10/8, 1935 Death is said

to have occurred on the date stated above, at 4:29 P. m.

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

Date of onset _____

Pneumonia (Broncho)

Other contributory causes of importance: Senility

Nephritis

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 _____, 1935

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) Ch. Smith, M. D.

(Address) Portageville 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

