

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.

NOV 27 1935

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

Do not use this space.

34875

1. PLACE OF DEATH

County Shelby
Township Clark
City Clarence (No.)

Registration District No. 827
Primary Registration District No. 4500

File No.
Registered No. 23
St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs.

St. Ward.

(If nonresident, give city or town and State)

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)

Married

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

Charles H. Adams

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

Feb 25 - 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

78

7

6

OCCUPATION

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

none

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

none

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)

Shelbina Mo.

FATHER

13. NAME

Hiram Balline

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

Shelbina Mo.

MOTHER

15. MAIDEN NAME

Mary Gose

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

Shelbina Mo.

17. INFORMANT
(ADDRESS)

C. H. Adams
Clarence Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shelbina Mo.

DATE Oct 12 1935

19. UNDERTAKER
(ADDRESS)

Hamilton and Co
Clarence Mo.

20. FILED

Oct 12 1935
Ray Hamilton
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

arteriosclerosis

Date of onset
1920

Other contributory causes of importance:

apoplexy with R hemiplegia

Oct 1 1935

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 P. L. Harlan

(Signed)....., M. D.

(Address).....

