

DEC 21 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

36971

## 1. PLACE OF DEATH

County Pike  
 Township Curver  
 City Bowling Green

Registration District No. 684  
 Primary Registration District No. 4408

File No. ....  
 Registered No. 33  
 St. .... Ward)

## 2. FULL NAME

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

Length of residence in city or town where death occurred 15 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12-1850

7. AGE YEARS 85 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. or min.

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

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) Near Bowling Green (STATE OR COUNTRY) Pike Mo

13. NAME Leroy Johnson

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

15. MAIDEN NAME Sarah C. Davis

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

17. INFORMANT Mrs Sue Edgell (ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling Green DATE Nov. 3 1935

19. UNDERTAKER W.B. Elmore (ADDRESS) Bowling Green Mo

20. FILED 10 1935 W.B. Elmore Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1935 to Nov 1st, 1935  
 I last saw him alive on Oct 9th, 1935 Death is said

to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Interstitial  
encephalitis  
13!  
Head complications  
3 Mo.

Other contributory causes of importance:  
Head complications  
3 Mo.

Name of operation L Date of L  
 What test confirmed diagnosis? Urinal Was there an autopsy?

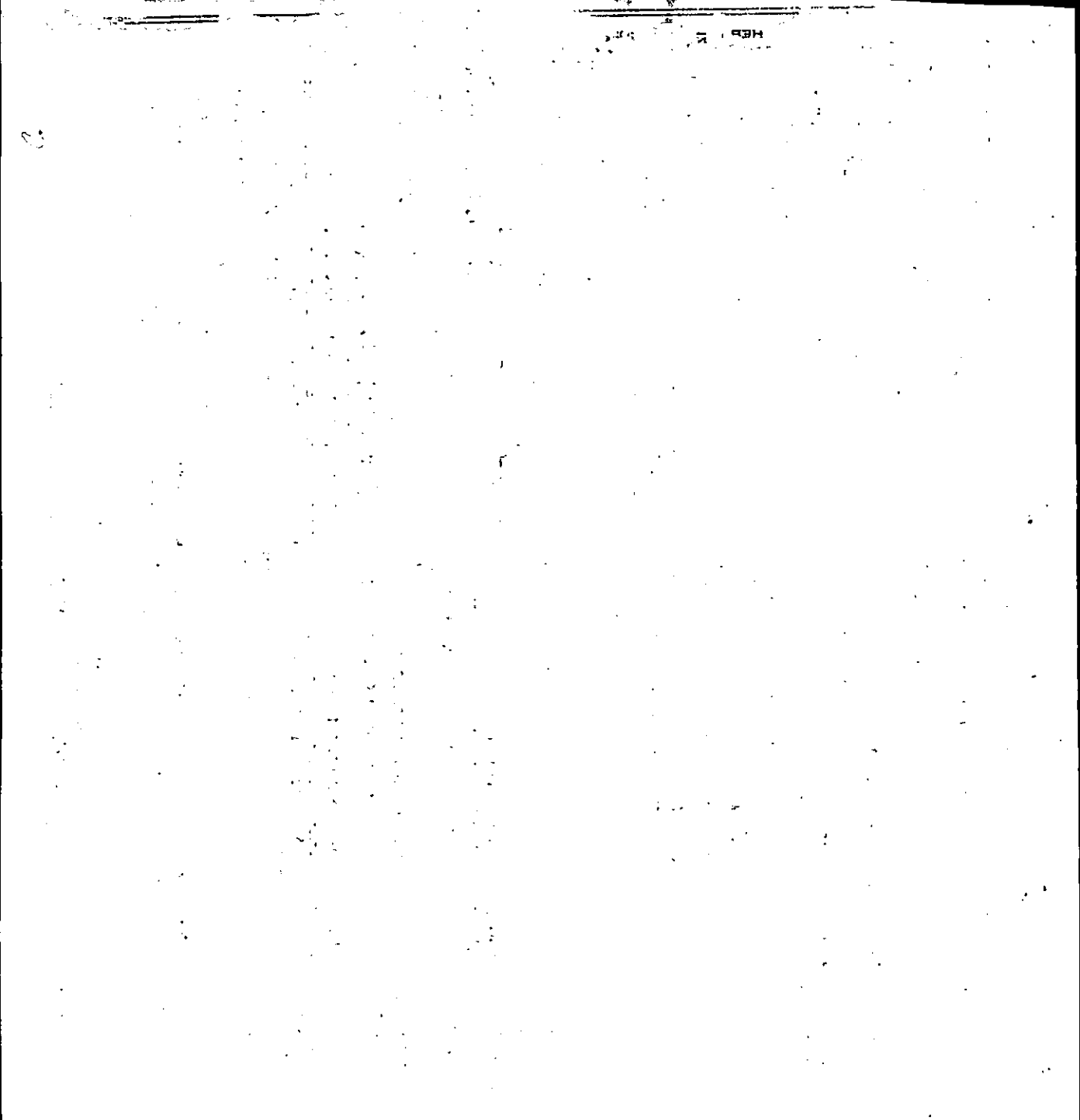
23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19

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? no  
 If so, specify

(Signed) Sue Edgell M. D.  
 (Address) Bowling Green Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY

**1. PLACE OF DEATH**

County Polk  
Township Center  
City Bowling Green (No. ....)

Registration District No. 684  
Primary Registration District No. 4408

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Rose Altha Adams

(a) Residence, No. .... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 85

8. Trade, profession, or particular kind of work done, as speaker, lawyer, bookkeeper, etc. Sanitary 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)

13. NAME

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

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 12/10 1935 Mrs. Summerkamp Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1st 1935

I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw him ..... 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:

Interstitial nephritis  
Chronic

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) P. J. Edgell M. D.  
(Address) Lugwood mo

S-36971