

DEC 30 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38265

1. PLACE OF DEATH

County ScottRegistration District No. 115-1Township FarmfieldPrimary Registration District No. 4588City Farmfield (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Farmfield Missouri St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 28 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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAlexandra Adams

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

June 19-1860

7. AGE

YEARS

75

MONTHS

DAYS

4

If LESS than 1

day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House Keeper9. 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)

Union County
Illinois

FATHER

13. NAME

Boston Lince

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Union County
Illinois

MOTHER

15. MAIDEN NAME

Hollie Ann Laws

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Union County
Illinois

17. INFORMANT

(ADDRESS)

Hollie Adams
Farmfield Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Elizabeth DATE November 10

19. UNDERTAKER

(ADDRESS)

Robert C. Crowell
Farmfield Missouri

20. FILED

11/9 1935 St. Elizabeth

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That, I attended deceased from

Aug, 1935, to Nov 7, 1935I last saw him alive on Nov 6, 1935. Death is saidto have occurred on the date stated above, at 3:35 a.m.

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

Date of onset

Stroke of myocardium

Other contributory causes of importance:

Cholesterol

Name of operation

Date of

What test confirmed diagnosis? Examination 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)

A. A. Benner

, M. D.

(Address)

Farmfield 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.

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

ALL INFORMATION GATHERED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Scott
Township Farnfelt
City (No. _____) _____

Registration District No. 1187
Primary Registration District No. 4588

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

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 75 MONTHS _____ DAYS _____ If less than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bricklayer, etc.
9. Industry or business in which work was done, as silk mill, law, 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 11-9 1931-5941 Coy

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1931

22. 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:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance:

Nephritis
Chronic

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) A. A. Canyon, M. D.

(Address) Farnfelt

S-38268-