

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

Do not use this space.

42133

JAN 18 1936  
1. PLACE OF DEATH  
County Scotland  
Township Union  
City Arbela Mo.

Registration District No. 810  
Primary Registration District No. 6056

File No. \_\_\_\_\_  
Registered No. 46  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nancy A. 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. B. Adams.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1867  
7. AGE YEARS 68 MONTHS 10 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1935  
22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1935 to Dec 30 1935  
I last saw her alive on Dec 30 1935. Death is said to have occurred on the date stated above, at 7 P.m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping  
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) 1935  
11. Total time (years) spent in this occupation 50

Other contributory causes of importance:  
Angina Pectoris  
Chronic Myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
13. NAME Joseph Morgan  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doubt Know  
15. MAIDEN NAME Susan Step  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doubt Know

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

17. INFORMANT Mr. Willie Adams (ADDRESS) Arbela Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Don Ridge DATE Jan. 5 1936

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 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Gutting, G. W. Arbela Mo.  
20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ C. E. Garrison Registrar

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify A. M. Keethler M. D.  
(Signed) \_\_\_\_\_ (Address) Memphis 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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