

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

Do not use this space.

42206

JAN 21 1936

**1. PLACE OF DEATH**

County Stone  
Township Grant  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 846  
Primary Registration District No. 6105

File No. \_\_\_\_\_  
Registered No. 3 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. 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Huntton Adams  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
81 9 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Christain Co., Mo (STATE OR COUNTRY)

FATHER 13. NAME William Gold

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

MOTHER 15. MAIDEN NAME Lela Alexander

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

17. INFORMANT Mrs. C. E. M. Bride (ADDRESS) Crane, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville, Mo DATE Jan. 1 - 1936

19. UNDERTAKER George H. Manlove (ADDRESS) Crane, Mo.

20. FILED 1-7- 1936 H. A. Moore Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 - 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1935, to 12 - 31, 1936

I last saw him alive on \_\_\_\_\_, 1934 Death is said

to have occurred on the date stated above, at 900 a. m.

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

Primary  
Tuberculosis

Date of onset

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) J. R. Briggs M. D.

(Address) Crane, 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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