FEB 21 1936

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

Do not use this space.

8800

1. PLACE OF DEATH
County Schuyler — Registration District No. 806
Township Prarie — Primary Registration District No. 4485
City Queencity Mo. (No. ..... , ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Amanda P. Adams

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 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 OF Joe Adams deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aprl 11, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	10	00	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) (STATE OR COUNTRY) Hinkley Ohio

FATHER

13. NAME ### J.B.WAY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER

15. MAIDEN NAME Lucinda Jacobs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mrs Payton Adams Greenton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Queencity Cem DATE Feb, 12 1936

19. UNDERTAKER (ADDRESS) Wm N West Queencity Mo

20. FILED 2/11 1936 J. T. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 – 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1" 1936, to Feb 10, 1936
I last saw her alive on Feb 10", 1936. Death is said to have occurred on the date stated above, at 2 a.m. Feb 11-1936
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia — Date of onset 2/1/36

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. O. Coffey, M. D.
(Address) Queen City 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.