

APR 20 1936

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

Do not use this space.

11153

1. PLACE OF DEATH

County Jasper
Township _____
City Carthage (No. _____)

Registration District No. 408
Primary Registration District No. 3020

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

2. FULL NAME Gayle Ingrid Adams

(a) Residence, No. Brooks-McCune Hospital, Ward. Lamar, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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.

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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12th, 36

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1936, to Mar. 12, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1911

I last saw h. 2A alive on Mar. 11, 1936. Death is said to have occurred on the date stated above, at 4:00a m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 24 10 2 51 2

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

Hodgkins Disease

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

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 51 2

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Lamar,
(STATE OR COUNTRY) Missouri.

13. NAME J. W. Springer

14. BIRTHPLACE (CITY OR TOWN) Virden,
(STATE OR COUNTRY) Illinois.

15. MAIDEN NAME Nona E. Stephens

16. BIRTHPLACE (CITY OR TOWN) Everton,
(STATE OR COUNTRY) Missouri

17. INFORMANT Chester A. Adams
(ADDRESS) Lamar, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Cemetery DATE March 15 1936

19. UNDERTAKER C. F. Konantz
(ADDRESS) Lamar, Missouri

20. FILED Mar 13 1936 S. B. G. Glinen
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Ch. Lab. 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? Yes

If so, specify _____

(Signed) Floyd B. Clifton, M. D.

(Address) Carthage, Mo.

