

1936 22

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

Do not use this space.

15909

1. PLACE OF DEATH

County Linn
Township Brown
City Browning (No. _____)

Registration District No. 497
Primary Registration District No. 4300

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

2. FULL NAME Miss Herring D. Adams

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

Length of residence in city or town where death occurred 32 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 M 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 Guy Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 - 1891

7. AGE YEARS 65 MONTHS _____ DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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) 1928
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co. Mo.

13. NAME Joseph Shields

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

15. MAIDEN NAME Elizabeth Street

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co.

17. INFORMANT Guy Adams (ADDRESS) Browning Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE April 20, 1936

19. UNDERTAKER W. H. Harrison (ADDRESS) Browning Mo.

20. FILED Apr 18, 1936 Floia M. McCormick Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936 to April 18, 1936
I last saw him alive on April 18, 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

apoplexy
Date of onset _____

Other contributory causes of importance: Repeated convulsions from 10:30 P.M. till 11:15 P.M.

Name of operation _____ Date of _____
What test confirmed diagnosis? Brain Pus as 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? No
If so, specify _____

(Signed) Dr. J. A. Thompson, D.O.
(Address) Browning Mo.

ALL INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. FATHER'S NAME SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

