

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.

JUL 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
Township Kirkville Primary Registration District No. 3001
City Kirkville (No. _____) Ward _____

21869
File No. _____
Registered No. 134
St. _____ Ward _____

2. FULL NAME

Mrs. H. M. Adams, (Lucy)
(a) Residence, No. 616 E Washington St. _____ Ward _____
(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

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. M. Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-31-1869</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>0</u>	DAYS <u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>	
	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)
Adair Co. Mo

MOTHER FATHER

13. NAME John Milroy

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

15. MAIDEN NAME Mary Snyder

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

17. INFORMANT H. M. Adams
(ADDRESS) Kirkville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Church DATE 6-28-36

19. UNDERTAKER Doc Riley
(ADDRESS) Kirkville Mo

20. FILED June 27, 1936 Spencer Deeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to June 27, 1936
I last saw her alive on June 27, 1936. Death is said to have occurred on the date stated above, at 3:25 a.m.

The principal cause of death and related causes of importance were as follows:
Generalized Pseudotumor
(primary in uterus)
Date of onset 1936

Other contributory causes of importance
Exploratory Laparotomy 6/15/36

Name of operation Exploratory Lap. Date of 6/15/36
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? No.
If so, specify _____
(Signed) J. J. Bishop, M. D.
(Address) Kirkville, Missouri

