WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JUL 14 1936

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 24721

Township ..... Primary Registration District No. 1003 Registered No. 6343

City St. Louis, (No. City Hospital No. 1 St. ..... Ward)

B. 3907 Dula Adams

2. FULL NAME

(a) Residence, No. 3842 A Blaine St., 17 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: CARL ADAMS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 8, 1894

7. AGE: YEARS 41 MONTHS 6 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: hwk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: AT HOME
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): Kentucky

FATHER

13. NAME: Tom Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Lula (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Hosp. INfo. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MURRAY-KY. DATE: 6/22 1936

19. UNDERTAKER (ADDRESS): Edith E. Ambruster 4234 Manchester

20. FILED: JUN 22 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/22/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/16/36, 19..., to 6/22/36, 19...

I last saw h he live on 6/22/36, 19..... Death is said to have occurred on the date stated above, at 8:55 mA

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

Carcinoma of Pancreas

H6

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) [signature], M. D.

(Address) City Hospital No.1

1-M-3-28-35