

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.

SEP 2 1936
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30190

1. PLACE OF DEATH

County Cap. Guardian
Township WILKINSON
City Delta, Mo. (No. Family Home)

Registration District No. 138
Primary Registration District No. 5175

File No.
Registered No.
St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Baby</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Baby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-16-1935</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>10</u>	<u>8</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	—
	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)
Cap. Guardian Mo

13. NAME John L Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ballinger Co

15. MAIDEN NAME Era Coak

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Beer City Mo

17. INFORMANT (ADDRESS)
John L Adams Delta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bongala Mo DATE 8/25 1936

19. UNDERTAKER (ADDRESS)
Deevers, E. Co. Cape Girardeau Mo

20. FILED 8-20 1936 J. M. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 24 August 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1936, to Aug 24 1936

I last saw her alive on Aug 22 1936 Death is said to have occurred on the date stated above, at m.

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

Erysipelas

Other contributory causes of importance:

15 to

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) W. H. Stewart M. D.

(Address) Albion Mo

J. M. Slagle.

1871