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.

NOV 17 1936

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

Do not use this space.

36710

1. PLACE OF DEATH

County Boone

Township Cedar

City Hartsburg, Mo (No. , St. , Ward)

Registration District No. 76

Primary Registration District No. 5110 B

File No. 10

Registered No.

2. FULL NAME Delpha Adams

(a) Residence, No. Hartsburg, Mo, 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 Female

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daughter of Jacob Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1882

7. AGE YEARS 54 MONTHS 4 DAYS 28 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION

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

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) Hartsburg Mo.

FATHER

13. NAME Jacob Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsburg Boone Co, Mo

MOTHER

15. MAIDEN NAME Leah Hummel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsburg Mo

17. INFORMANT John Adams (ADDRESS) Hartsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bond Chapel Baptist Church Cem. DATE Oct 20 1936

19. UNDERTAKER Buescher Funeral Home (ADDRESS) Jefferson City, Mo.

20. FILED 10/4 1936 H. A. Bruegge Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1936, to 10/18, 1936

I last saw her alive on 10/18, 1936 Death is said to have occurred on the date stated above, at 12 P m.

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

Cirrhosis of Liver

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

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) C. P. Magee, M. D.

(Address) Hartsburg, Mo