

DEC 18 1936

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

Do not use this space.

40904

1. PLACE OF DEATH  
County Franklin Registration District No. 294 File No. ....  
Township Prarie Primary Registration District No. 5418 Registered No. ....  
City Lonedell (No. ...., St. .... Ward)

2. FULL NAME Mattie Louise McAdams  
(a) Residence, No. .... 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert C. McAdams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
30 6 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator  
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) April 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Grays Summit, Mo. (STATE OR COUNTRY)

13. NAME Edward Hayhurst

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

15. MAIDEN NAME Mary A. Hammer

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

17. INFORMANT Robert c. McAdams (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific, Mo. DATE Nov. 22, 1936

19. UNDERTAKER Wm. Casey & Co. (ADDRESS) St. Clair, Mo.

20. FILED Nov 23, 1936 W. D. Duckworth Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936, to Nov 21, 1936

I last saw her alive on Nov 15, 1936. Death is said to have occurred on the date stated above, at 4.25A m.

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

Subacute bacterial endocarditis Date of onset April 36

Other contributory causes of importance:

Mitral Insufficiency 2

Name of operation Blood transfusion Date of Oct 36

What test confirmed diagnosis? ..... 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) Engine A. Vogel M. D.  
(Address) 3832 Cherokee, St. Louis, Mo.

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.

