

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.  
43537

JAN 27 1937

1. PLACE OF DEATH  
 County Texas Registration District No. 9  
 Township Rambouart Primary Registration District No. 614  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Isabelle Helton Adams  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irmas Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/11/76

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>1</u>	<u>9</u>	

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

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) 11/3/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mrs. \_\_\_\_\_

13. NAME Isaac Helton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mrs. \_\_\_\_\_

15. MAIDEN NAME Synthia \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) E. C. G. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Palace Chm. DATE 11/21 1936

19. UNDERTAKER (ADDRESS) J. S. Hoggins & Sons

20. FILED 11-21 1936 R. B. Tilley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/17 1936, to 11/21 1936  
 I last saw her alive on 11/17 1936. Death is said to have occurred on the date stated above, at 11:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis.  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Spec. 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) C. G. Talbot, M. D.  
 (Address) Wagonville

