FEB 19 1937

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

Do not use this space.

File No. 2726

Registered No. 27

1. PLACE OF DEATH
County Randolph Registration District No. 735
Township Primary Registration District No. 3034
City Moberly (No. Woodland Hospital / St. Ward)

2. FULL NAME Roberta Lee Adams /

(a) Residence, No. 703 Taylor 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11th 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	5	7	15	

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) Mo / /

FATHER

13. NAME Fred Adams

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

MOTHER

15. MAIDEN NAME Anna D. Hawkins

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

17. INFORMANT (ADDRESS) Mrs. Anna D Adams Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Jan. 27th 1937

19. UNDERTAKER (ADDRESS) Mahan and Son Moberly, Mo

20. FILED 1/27 1937 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937, to Jan 26 1937

I last saw him alive on Jan 26 1937 Death is said to have occurred on the date stated above, at 10:38 a/m.

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

	Date of onset
Influenza Pneumonia	4 days

Other contributory causes of importance:

Influenza

Name of operation No Date of

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

23. If death was due to external cause (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) John Stephenson /, M. D.

(Address) Moberly 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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