

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.

FEB 23 1937

4698

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township 2 Primary Registration District No. 3039
City Nevada (No. 2) St. _____ Ward _____

File No. _____
Registered No. 14

2. FULL NAME Adaline Florence Stearns

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Nevada, 18th, to Jan 15, 1937.
I last saw h...w... alive on Jan 15, 18th. Death is said to have occurred on the date stated above, at 10 a m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1855

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 2 17

Other contributory causes of importance:

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

Bronchial pneumonia both lungs
Exposure 1072

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

Name of operation _____ Date of _____
What test confirmed diagnosis? Sput Was there an autopsy? h

MOTHER FATHER 13. NAME Wm Madrel

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. W. E. Williams (ADDRESS) Nevada, Mo.

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Balltown Cemetery DATE Jan 17, 1937

Manner of injury _____
Nature of injury _____

19. UNDERTAKER Allen V. Kelly (ADDRESS) Nevada, Mo.

24. Was disease or injury in any way related to occupation of deceased? h.o.
If so, specify _____
(Signed) Wm H. Stearns / M. D.
(Address) Nevada, Mo.

20. FILED 1-15-37 M. C. Eubank Registrar.

