1937

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

Do not use this space.

1. PLACE OF DEATH

County St Louis — Registration District No. 790 — File No. 13469

Township — Primary Registration District No. 6033a — Registered No. 97

City Clay Tow (No. St Louis Co Hospital St. Ward)

2. FULL NAME Martha Adams

(a) Residence, No. 2897 Poe St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: James F. Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14 1879

7. AGE: YEARS 59 — MONTHS 11 mos — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Tenn

FATHER

13. NAME: Thomas Cope
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Eliz. Stone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): James F. Adams 2897 Poe

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fee Fee DATE 3-11- 1937

19. UNDERTAKER (ADDRESS): Baumann Bros and Co Overland Mo.

20. FILED Mar 10 1937 Dr A J Sigurello Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1937, to 3/9, 1937

I last saw her alive on 3/8, 1937. Death is said to have occurred on the date stated above, at 6.50 p.m.

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

	Date of onset
Rt. lower lobar pneumonia	3/3/37
108	
Other contributory causes of importance: Chr. myocarditis	?

Name of operation: none — Date of

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?
If so, specify

(Signed) Frank H Robinson, M. D.
(Address) St Louis Co Hosp. Clayton, Mo.

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.

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