

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.

MAY 31 1937

17238

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 142

Township

Primary Registration District No. 3032

Registered No. 668

City Sedalia

No. 2236

Howard

St.

Ward

2. FULL NAME

Mary E Adams

(a) Residence, No. 2236

Howard

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

C. W. Adams

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

Do not know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

26 1 85

OCCUPATION

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

At Home

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)

Do not know

FATHER

13. NAME

Do not know

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

Do not know

MOTHER

15. MAIDEN NAME

Do not know

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

Do not know

17. INFORMANT (ADDRESS)

Mrs. Ail Burnett
Sedalia

18. BURIAL, CREMATION, OR REMOVAL

19. PLACE

DATE 4-30-

1936

19. UNDERTAKER (ADDRESS)

McLaughlin Bros
Sedalia

20. FILED 4-28-

1937

John Slack
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1937, to Apr 21, 1937

I last saw him alive on Apr 21, 1937. Death is said

to have occurred on the date stated above, at 11:30 pm.

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

Date of onset

acute dilatation of heart

Other contributory causes of importance

myocarditis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) R. E. Smith

M. D.

(Address) Sedalia Mo

