

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH

County Cedar

Township

City Eldorado Springs Mo. (No. 2)

Registration District No. 163409.5

Primary Registration District No. 5228

File No. 19752

Registered No. 351

St.

Ward

2. FULL NAME Jessie Adams

(a) Residence, No. 1

(Usual place of abode)

St.

Ward.

(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
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF **C.D. Adams**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 4 1872**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64		II	II	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) **Senecaville**
(STATE OR COUNTRY) **Ohio**

13. NAME **J.D. Meek**

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

15. MAIDEN NAME **Margetta Frame**

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

17. INFORMANT **Grace Russell**
(ADDRESS) **Kansas City Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Eldorado Springs** DATE **May 19**, 19**37**

19. UNDERTAKER **Nafus Funeral Home**
(ADDRESS) **Eldorado Springs Mo.**

20. FILED **5-19-1937** **J.W. Dawson**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 15**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **April 9**, 19**37**, to **May 15**, 19**37**
I last saw her alive on **May 14**, 19**37**. Death is said to have occurred on the date stated above, at **6 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:

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?.....

If so, specify

(Signed) **Chas. Sunderwith M.D.**

(Address) **Eldorado Springs, 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.

