

JUN 28 1937

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

Do not use this space.

21216

703

1. PLACE OF DEATH

City *St. Francois*

Registration District No. *7744605*

File No. *703*

Township

City *Flat River* (No. *2*)

Primary Registration District No. *601813*

Registered No.

St. _____ Ward _____

2. FULL NAME *Maud May Adams*

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 24, 1937*

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

22. I HEREBY CERTIFY, That I attended deceased from *May 24*, 1937, to *May 25*, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 30 - 1890*

I last saw her alive on *May 24*, 19____, Death is said to have occurred on the date stated above, at *9:30* A. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *20 46 9 24*

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

Pulmonary Tuberculosis Date of onset _____

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. *own home*

10. Date deceased last worked at this occupation (month and year) *5-21-37* 11. Total time (years) spent in this occupation *3*

Other contributory causes of importance: *23*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Genevieve County Mo*

13. NAME *Jack Williams*

Name of operation *none* Date of _____

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

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Mrs. Carl Davis Flat River Mo*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *May 26, 1937*

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) *Jos. Diemer Flat River Mo*

Manner of injury _____ Nature of injury _____

20. FILED *6/6* 1937 *B. O. Farrar* Registrar.

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____

(Signed) *C. H. Appleberry*, M. D.

(Address) *Flat River, 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.

