

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

Do not use this space.

JUL 8 - 1937

21715

1. PLACE OF DEATH

County _____

Registration District No. **791**

File No. _____

Township _____

Primary Registration District No. **1008**

Registered No. **5467**

City **ST. LOUIS**

(No. **DEACONESS HOSPITAL**) Ward _____

2. FULL NAME **Donna Elzada Adams**

(a) Residence, No. **19 W. Lockwood** St., Ward **WEBSTER GROVES**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** 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) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **HAROLD W. ADAMS**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB. 2 - 1898**

7. AGE YEARS **39** MONTHS **3** DAYS **29** If LESS than 1 day, _____ hrs. or _____ min.

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) **CABOON, MISSOURI**

13. NAME **JAMES MADISON FELNER**

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

15. MAIDEN NAME **PLINIE E CLINTON**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **PHELPS CO, MISSOURI**

17. INFORMANT (ADDRESS) **Kathryn Kingardner, 812 CAMPBELL SPRINGFIELD, MO**

18. BURIAL, CREMATION, OR REMOVAL PLACE **OAK HILL CEM** DATE **JUNE 3, 1937**

19. UNDERTAKER (ADDRESS) **Parke and Co, Webster Groves, Mo**

20. FILED **JUN 2 1937** Registrar **J. J. Braden**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 31, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 15**, 19**36**, to **May**, 19**37**. I last saw him alive on **May 20**, 19**36**. Death is said to have occurred on the date stated above, at **2:30** a.m. The principal cause of death and related causes of importance were as follows:

Tuber Pneumonia Date of onset **5-27-37**
Myocardial Infarction **definite**
Other contributory causes of importance: _____

Name of operation **Supra Vag Hysterectomy** of **May 16/37**
What test confirmed diagnosis? **clinical** 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? **no**
If so, specify _____ (Signed) **Joseph A. Ferguson**, M. D. (Address) **Metropolitan Bldg, St. Louis**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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