AUG 23 1937

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

Do not use this space.

26567

1. PLACE OF DEATH
County Audrain
Township Saltriver
City Mexico Mo (No. ..., St. ..., Ward)

Registration District No. 26
Primary Registration District No. 3002
File No.
Registered No. 121

2. FULL NAME Maude Ella Adams

(a) Residence, No. 317 High St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
52	1	23	

OCCUPATION

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

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) Martinsburg, Mo.

FATHER

13. NAME Ode Peyton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinburg, Mo.

MOTHER

15. MAIDEN NAME Anne Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsburg, Mo.

17. INFORMANT (ADDRESS) Ralph Adams Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood, Mexico DATE Aug. 17, 1937

19. UNDERTAKER (ADDRESS) Precht Funeral Home Mexico, Mo.

20. FILED 8-17-1937 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to Aug 16, 1937

I last saw her alive on Aug 16, 1937 Death is said to have occurred on the date stated above, at 6 A.M.

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

	Date of onset
Cardio Respiratory failure	8/15/37
Cerebral Embolus	Hours prior

Other contributory causes of importance:

Name of operation ... Date of ...
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) H. D. Hesketh M. D.
(Address) Mexico 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.