

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County LinnTownship Burr OakCity (No.)Registration District No. 486Primary Registration District No. 0-63-0File No. 27674Registered No. 28St. Ward 2. FULL NAME Roseline B. Admire(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. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF James C. Admire6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1855

7. AGE

YEARS 82MONTHS 0DAYS 3

If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. 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) Kentucky13. NAME Miles H. Price14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Letitia Ann Hilton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Mrs. Valley Harper(Address) Manfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany Church DATE August 1, 193719. UNDERTAKER W. L. Bradley(Address) Elsherry, Mo.20. FILED 8-1019 37

C. B. POWELL

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 193722. I HEREBY CERTIFY, That I attended deceased from 6-16 to 7-30, 1937I last saw her alive on 7-30, 1937 Death is saidto have occurred on the date stated above, at 7:50 A.M.

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

Myocarditis (acute) Date of onset

Other contributory causes of importance:

Cerebral SclerosisName 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) H. H. H. H.(Address)

M. D.

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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.

