

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.

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howell

Township

City West Plains

Registration District No.

384

Primary Registration District No.

4227

File No.

34372

Registered No.

St.

Ward

2. FULL NAME Mary Elizabeth Adams

(a) Residence, No. 460 Grace Avenue St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fem

4. COLOR OR RACE

White

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

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

J. L. Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1855

7. AGE

YEARS

82

MONTHS

7

DAYS

17

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Home maker

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) Fairfield, Illinois
(STATE OR COUNTRY)

FATHER

13. NAME Jas. E. Lock

MOTHER

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Kates

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

17. INFORMANT A. H. Adams
(ADDRESS) Memphis, Tenn.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Lawn

DATE Sept. 7

19. UNDERTAKER Robertsons' Mortuary
(ADDRESS) West Plains, Mo.

20. FILED

Sept. 7 37 Vida W. SIMONS

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 19 37

22. I HEREBY CERTIFY That I attended deceased from
August 28 1937 to Sept. 5 1937

I last saw him alive on Sept. 5, 1937 Death is said

to have occurred on the date stated above, at 8 A m.

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

Uremic Poisoning

8/25/37 Date of onset

Other contributory causes of importance:

Nephritis, Chr.

Unk.

Name of operation None

Date of

What test confirmed diagnosis? Clin

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)

West Plains, Missouri

(Address) West Plains, Missouri, M. D.

