

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

37804

1. PLACE OF DEATH

County HowellTownship HowellCity West Plains, Mo.Registration District No. 384Primary Registration District No. SS 35

File No.

Registered No.

St. Ward)

2. FULL NAME

Anna M. Adams(a) Residence, No. Rt. 2 West Plains, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Single

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

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

July 10, 1862

7. AGE

YEARS

75

MONTHS

2

DAYS

27

If LESS than 1 day, hrs. or min.

OCCUPATION

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

None, retired.

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)

Ohio.

FATHER

13. NAME Henry W. Adams

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

Ohio

MOTHER

15. MAIDEN NAME Clara Calkins

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

Vermont.

17. INFORMANT

(ADDRESS)

Old records.18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem.PLACE West Plains, Mo. DATE October 9, 1937

19. UNDERTAKER (ADDRESS)

Hal Thompson
West Plains, Missouri.

20. FILED

10-91937Vida H. Simons

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 193722. I HEREBY CERTIFY, That I attended deceased from Oct 6 - 1937 to Oct 7 - 1937I last saw him alive on Oct 6 - 1937 Death is saidto have occurred on the date stated above, at 8:30 p.m.

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

Broncho Pneumonia 9/28/37

Other contributory causes of importance:

Ch - NephritisName of operation none Date ofWhat 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? NoIf so, specify P. D. Grant M. D.(Signed) P. D. Grant M. D.(Address) West Plains, 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.

SEP 4 1948