

DEC 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid

Registration District No. 607

Township

Primary Registration District No. 4361

City Portageville

(No. 1)

File No. 41977

Registered No. 49

St.

Ward

2. FULL NAME

Sarah J Adcock

(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

F

4. COLOR OR RACE

white

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

William H. Adcock

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

Feb-1-1855

7. AGE

YEARS

82

MONTHS

10

DAYS

8

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

OCCUPATION

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)

Ind.

FATHER

13. NAME

unknown

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

17. INFORMANT

(ADDRESS)

Sarah Sinner
Keokuk, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Portageville Mo

DATE

Dec 9 37

19. UNDERTAKER

(ADDRESS)

Paul Salmon
Keokuk, Mo.

20. FILED

Dec 9 1937
May W. Cobb

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 8 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 19 1936, to Dec 8 1937

I last saw her alive on Dec 8 1937 Death is said

to have occurred on the date stated above, at 5:30 m.

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

Chronic Myocarditis
mitral stenosis
mitral insufficiency
terminal bronchitis - pneumonia

Date of onset

1935

1935

1935

12-5-37

Other contributory causes of importance:

senility

Name of operation

none

Date of

What test confirmed diagnosis?

Clinical

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

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)

John J. Killian M. D.

(Address) Portageville, Mo.

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