

DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Superior Creek
City Mobile

Registration District No. 735
Primary Registration District No. 3034
(No. Woodland Hospital)

File No. 42243
Registered No. 249
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode)

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.

Patricia Gray Adams
Ward Near Paris, Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>15</u>	<u>25</u>	<u>1</u>	<u>10</u>	

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

Teacher

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 _____

Oct 26, 1937 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Paris
Monroe Co.

13. NAME C. R. Burnam

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

Macon Co.
Calif.

15. MAIDEN NAME Myra Gray

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

Paris, Ky.

17. INFORMANT C. R. Burnam
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Paris DATE 11-6 1937

19. UNDERTAKER Spencer Block
(ADDRESS)

Paris, Mo.

20. FILED Nov 4, 1937 Ethel Cleator
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th 1937 to Nov 4th 1937

I last saw her alive on Nov 4th 37 Death is said to have occurred on the date stated above, at 9:30 A. M.

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

Tuberculous Pneumonia

Date of onset
Oct 29

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation NO 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) Robert J. ... M. D.

(Address) _____

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.

WHITE PLAINLY WITH RED INK—THIS IS A LEGAL REQUIREMENT. X7284

