

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County CassRegistration District No. 157Township Pleasant HillPrimary Registration District No. 4091City Pleasant Hill (No.)

St. Ward)

2. FULL NAME

Frances Elizabeth Adams

(a) Residence, No.

St. Ward.

(If nonresident, give city or town and State)

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFwife of Joseph Adams

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

Oct 7 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.71211

OCCUPATION

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) Adams11. Total time (years)
spent in this
occupation life12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Union Town Ind

MOTHER FATHER

13. NAME

Nathaniel Davis14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

Elyabeth Davis16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)Edward Adams
St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL

BurialPLACE Pleasant HillDATE Dec. 21 193719. UNDERTAKER
(ADDRESS)H. W. Brownfield
Pleasant Hill Mo

20. FILED

12-22-1937Mrs. Etta M. AldridgeRegistrar.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 18 1937

22. I HEREBY CERTIFY, That I attended deceased from

11/11, 1937, to 12/18, 1937I last saw her alive on 12/18, 1937 Death is saidto have occurred on the date stated above, at 10:30 a.m.

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

Coronary occlusion

Date of onset

Other contributory causes of importance:

Name of operation Date of hWhat test confirmed diagnosis? Was there an autopsy? h

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.

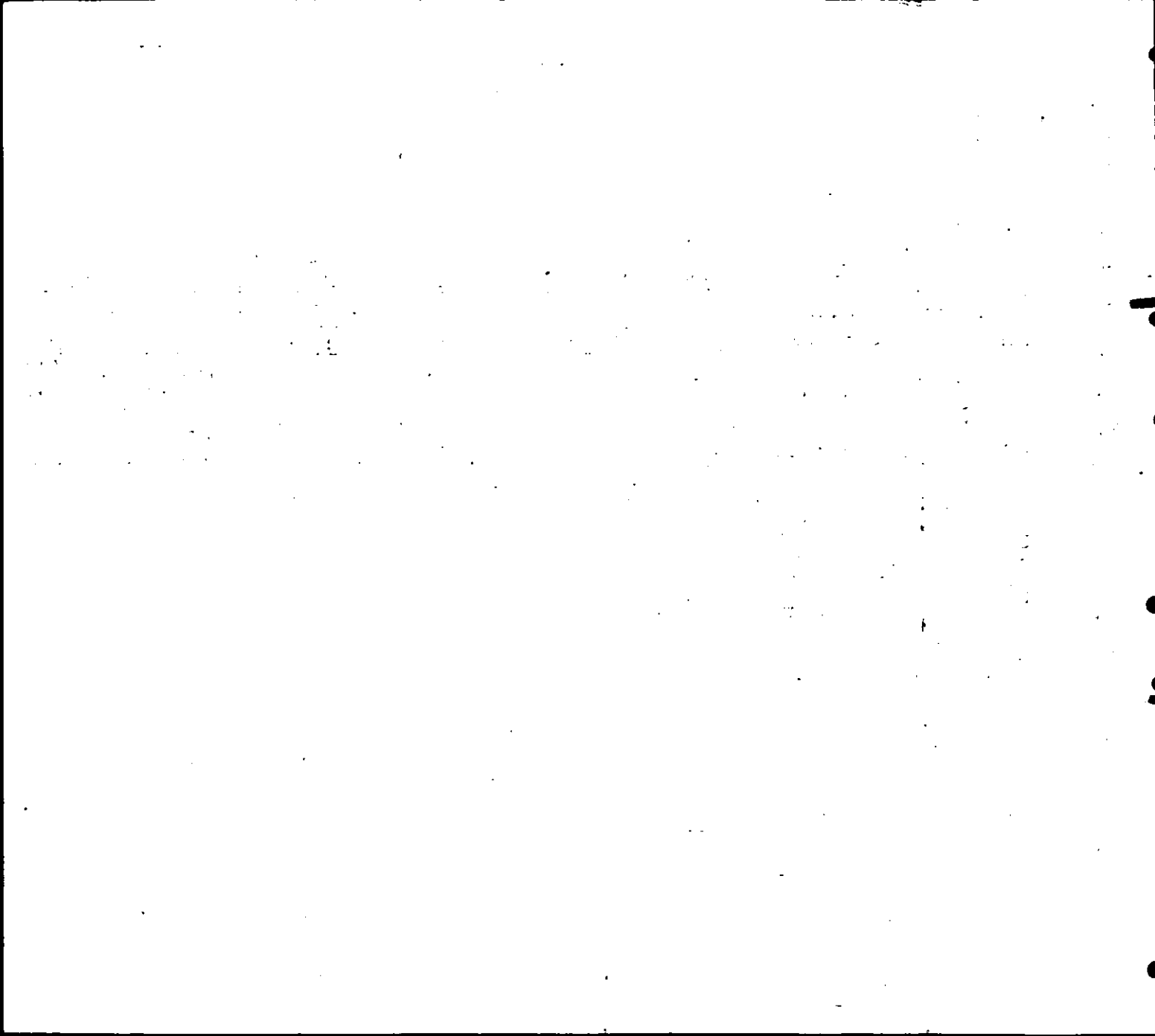
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? hIf so, specify h

(Signed)

P. V. Murray M. D.Pleasant Hill, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

45022
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 157
(b) Township _____ Primary Registration District No. 4091
(c) City Pleasant Hill (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frances Elizabeth Adams
(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 2 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12-22-1937 Mrs. Etta M. Aldridge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Coronary occlusion Date of onset

Other contributory causes of importance:

Name 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) F. V. Murphy, M. D.
(Address) Pleasant Hill, Mo.

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

Do not write in this space

1. PLACE OF DEATH

- (a) County.....
 (b) Township.....
 (c) City.....
 (d) Street No.....
 (e) Length of residence in city or town where death occurred
 yrs. mos. da. (f) How:
 (If death occurred in Hospital or Institute)

2. PRINT FULL NAME

- (a) Residence, No.....
 (Usual place of abode. If no street address, write county or

PERSONAL AND STATISTICAL PARTICULARS

2a. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OR
 (OR) WIFE OF

3. SEX.....

4. COLOR OR RACE.....

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

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

7. AGE
 YEARS.....
 MONTHS.....

8. Trade, profession, or particular work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which was done, as saw mill, etc.
 10. Date deceased last was in this occupation (month, day, year)

11. BIRTHPLACE (CITY, STATE OR COUNTRY)

12. NAME

13. BIRTH (STATE)

14. BIRTH (STATE)

RECORDS SECTION
 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 DEPARTMENT OF HEALTH
 COLUMBIA, MISSOURI
 EX-100
 Every item of information should be carefully checked before it is typed in plain text, so that it may be properly classified. Exact statement of OCCUPATION as well as usual place of residence should be stated EXACTLY. PHYSICIAN'S SIGNATURE should be placed in plain text.