JAN 25 1938

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

2 / 1

Do not use this space.

45864

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.

1\. PLACE OF DEATH
County Wayne
Township Cedar Creek
City Cascade (No. ... St. ... Ward)

Registration District No. 893
Primary Registration District No. 61959
File No. ~~47033~~
Registered No.

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2\. FULL NAME Mary Eliza Adams

(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: Fem
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 Adams

6\. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 20 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	79	10	8	

OCCUPATION
8\. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Aged
9\. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Widow
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): Fredericktown, Mo

FATHER
13\. NAME: Smith C. Wright
14\. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15\. MAIDEN NAME: Mary M. Pringle
16\. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17\. INFORMANT: Ida Harris
(ADDRESS): Cascade Mo

18\. BURIAL, CREMATION, OR REMOVAL
PLACE: Dorris Cem. DATE: 9-29 1937

19\. UNDERTAKER: Richard Homan,
(ADDRESS): Marquand, Mo

20\. FILED 12-31 1937 J F Parrens, Registrar.

MEDICAL CERTIFICATE OF DEATH

21\. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 28, 1937

22\. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1937, to Sept 28, 1937

I last saw her alive on 9-28, 1937 Death is said to have occurred on the date stated above, at 8.10 P.m.

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

Broncho Pneumonia. — Date of onset: 19 days

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Other contributory causes of importance: age.

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) Adam F. Wagner, M. D.
(Address) Greenville, Mo.