

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

Do not use this space.

3310

1. PLACE OF DEATH

County Lincoln
 Township Clark
 City Masonville (No. _____)

Registration District No. 491
 Primary Registration District No. 5656

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

Female white married

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

Frank Adelhardt

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

Dec 19 - 1860

7. AGE

YEARS

MONTHS

DAYS

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

77

19

OCCUPATION

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

House wife

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)

Pross Hill

13. NAME

Frank Adelhardt

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

Germany

15. MAIDEN NAME

Katherine Buttersel

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

Pross Hill

17. INFORMANT (ADDRESS)

Frank Adelhardt

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Anderson Hill

DATE

1-10

1938

19. UNDERTAKER (ADDRESS)

Kemper Bros

20. FILED

1-10 1938 Mr. Pearl Muck

Registrar

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

1-7

1938

22. I HEREBY CERTIFY, That I attended deceased from

1-4

1938

to 1-7

1938

I last saw him alive on 1-7, 1938 Death is said

to have occurred on the date stated above, at 4 p.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Had a "stroke" 8 years ago

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

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) H. S. Harris, M. D.

(Address)

Froy, Me.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH