

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

Do not use this space.

1. PLACE OF DEATH

County Lemire

Township Wardell

City Wardell

Registration District No. 1098

Primary Registration District No. 5868

(No. 35)

File No. 3665

Registered No. 3665

St. Mo.

Ward

2. FULL NAME

(a) Residence, No. Sibylle Ray Adams

St. Mo.

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

Male

4. COLOR OR RACE

White

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

Single

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

Single

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

April-5-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0

9

19

OCCUPATION

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

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

None

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

5 mi NW. Wardell Mo -

FATHER

13. NAME

Sibylle Adams

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

Marston Mo -

MOTHER

15. MAIDEN NAME

Bertha Wyatt

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

Perryville Tenn

17. INFORMANT (ADDRESS)

Sibylle Adams Wardell Mo -

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wardell, Mo - DATE Jan-25 1938

19. UNDERTAKER (ADDRESS)

Friends Wardell Mo -

20. FILED

2-10 1938 J.D. Henry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 24 1938

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to Jan 24 1938

I last saw him alive on Jan 24 1938. 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:

Decomposition
Septicemia
Emphysema

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)

(Address)

M. D.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH