

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.

REC'D MAR 14 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County BartonRegistration District No. 40

Township

Primary Registration District No. 4024City Lamar (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)File No. 5965Registered No. 52. FULL NAME Mary Joanna Adams 352

(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 69 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. F. Adams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 - 18577. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 11 238. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 6812. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burns Texas13. NAME Chas. Artzt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Julydia Washburn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.17. INFORMANT Mrs. Elizabeth Ross (ADDRESS) Lamar Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Jantha Cemetery, DATE Feb 8, 193819. UNDERTAKER Konantzy's (ADDRESS) Lamar Mo20. FILED Feb-8- 1938 Mrs. Josephine Mynatt Registrar. 40 (Address) Lamar, Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5th, 19382. I HEREBY CERTIFY that I attended deceased from Jan 29, 1938 to Feb - 5, 1938I last saw her alive on Feb 5, 1938. Death is said to have occurred on the date stated above, at 6.00 P.m.

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

Bronchial pneumonia 1/29/38Other contributory causes of importance: Senility 107 uName of operation \_\_\_\_\_ Date of \_\_\_\_\_ no

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) James A. Attkins M. D.(Address) Lamar, Mo.

