REC'D MAR 14 1938

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

6024
Do not use this space.

10 2 1

1. PLACE OF DEATH
3 (a) County Boone — Registration District No. 73
4 (b) Township Columbia — Primary Registration District No. 3006 — Registered No. 37
(c) City — (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 Florence Green Adams 3522

(a) Residence, No. 502 McAlister St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, ~~MARRIED~~, WIDOWED, ~~OR~~ DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 1854

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 83 | 11 | 12 | |

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. Housekeeper
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) Boone Co., Mo. 0

FATHER
13. NAME Walton — 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 9

MOTHER
15. MAIDEN NAME ——— Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Pearl Sims

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Columbia Cem DATE Feby 21 1938

19. FUNERAL DIRECTOR (ADDRESS) T. A Willett Columbia Mo

20. FILED 2/21/ 1938 Allie Selby Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1935, to Feby 19 1938
I last saw her alive on Feby 19 1938. Death is said to have occurred on the date stated above, at 4 20 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | 1932 |
| 92 a | |

Other contributory causes of importance: Mitral insufficiency

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? no
If so, specify .....

(Signed) A R McManus, M. D.
74 (Address) Sturgeon Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 X12004

**STATEMENT BY LICENSED EMBALMER**

I, Lyman A. Spangler, Licensed Embalmer No. 4013

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Lyman A. Spangler

No. 4013 or by, Registered Apprentice No.

working under my personal supervision.

Signed Lyman A. Spangler

Licensed Embalmer No. 4013

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**