REG'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County Miller — Registration District No. 564 — File No. 7459
Township Equality — Primary Registration District No. 5758 — Registered No.
City Tuscumbia (No. ..... St. ..... Ward)

2. FULL NAME Mary Elizabeth Adcock
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Samuel A. Adcock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 28 - 1874

7. AGE — YEARS: 64 — MONTHS: — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): 11.0.38
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tuscumbia Mo, 0

FATHER
13. NAME: John Bear — 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio — 0

MOTHER
15. MAIDEN NAME: Delish Dobson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tuscumbia Mo

17. INFORMANT (ADDRESS): Samuel A. Adcock Tuscumbia - Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Bear Creek Tuscumbia, Mo. DATE: 2/22 - 38

19. UNDERTAKER (ADDRESS): L. Casey Iberia, Mo.

20. FILED 3-9- 1938 L. N. Garner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/20 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1938, to Feb 20, 1938
I last saw her alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at 6.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/16/38
Chronic Myocarditis	
C. C.	

Other contributory causes of importance:
Chronic Hypertrophy of Liver
Chronic Gallbladder

Name of operation: None — Date of:
What test confirmed diagnosis? — Was there an autopsy? No

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) Marshall C. Humphreys, M. D.
(Address) Tuscumbia, Mo.

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.