

REC'D MAY 17 1938

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

 File No. 14438
 Registered No. 3

1. PLACE OF DEATH
 County Casper Registration District No. 225
 Township Saline Primary Registration District No. 5306
 City (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Mattie 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 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 5 22

OCCUPATION 8. 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Mo

FATHER 13. NAME Robert M. Newton 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 0

MOTHER 15. MAIDEN NAME Mary Ridgeway

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

17. INFORMANT Wm Adams

(ADDRESS) Overton Mo.

18. BURIAL, CREMATION, OR REMOVAL Boone County

PLACE Old Union Church April 13 1938

19. UNDERTAKER Gooding & Walker

(ADDRESS) Boonville Mo.

20. FILED Apr 14, 1938 W. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2 1938, to Apr 12 1938
 I last saw her alive on Apr 2 1938. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Cerebral Hemorrhage Date of onset 4-2-38

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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? no

If so, specify _____

(Signed) T. C. Beck, M. D.

(Address) Boonville, Mo

