

DEC 9 JUN 20 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18413

Do not use this space.

1. PLACE OF DEATH

(a) County **Howell** Registration District No. **386**
 (b) Township **South Fork** Primary Registration District No. **5538**
 (c) City **West Plains** (d) Street No. _____
 (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.

Registered No. **5**

2. PRINT FULL NAME

Lydia Adams

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

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 (OR) WIFE OF **S. E. Adams**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 2, 1869.**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 9 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) **Newman**
 (STATE OR COUNTRY) **Ill.**

13. NAME **Isaac Lewis**

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

15. MAIDEN NAME **Phoebe Kinney**

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

17. INFORMANT **S. E. Adams**
 (ADDRESS) **South Fork Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Oaklawn Cem** DATE **May 3, 1938**

19. FUNERAL DIRECTOR **Leonard H. Sullens**
 (ADDRESS) **West Plains Mo.**

20. FILED **May 6, 1938 Fannie B. Block**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 1, 1938**

22. I HEREBY CERTIFY That I attended deceased from **1-1-38** to **May 1, 1938**
 I last saw her alive on **April 28, 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:

Cerebral Apoplexy.

Date of onset

Other contributory causes of importance:

hardening of arteries 1935

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? **yes**

If so, specify _____

(Signed) **C. P. Beach**, M. D.(Address) **Elijah, Mo**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)