

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D AUG 26 1938

26608

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler
(b) Township Boone
(c) City Quincy MORegistration District No. 806Primary Registration District No. 4485

Registered No.

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME Lucy Adams352

(a) Residence, No.

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

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

Tom Adams

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

Feb 26 - 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

86615

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Chungan co Kentucky

FATHER

13. NAME

Boon Howard

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

Ken

MOTHER

15. MAIDEN NAME

Annalia Gordon

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

Ken

17. INFORMANT (ADDRESS)

Thomas Adams
Quincy MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Quincy Mo

DATE

Aug 14

19. FUNERAL DIRECTOR (ADDRESS)

Wm H West
Quincy MO

20. FILED

8/111938Olive B Jones
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

8 - 1019 38

22. I HEREBY CERTIFY, That I attended deceased from

8 - 10 -19 38 toto the deathI last saw him alive on 8 - 10 - 19 38 Death is said to have occurred on the date stated above, at 10:30 p. m.

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

Date of onset

Rupture of Gallbladder

Other contributory causes of importance:

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

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) Chas. S. S. S., M. D.(Address) Quincy Mo

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STATEMENT BY LICENSED EMBALMER

I, William H West, Licensed Embalmer No. 2882

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

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26608
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. _____
(b) Township _____ Primary Registration District No. _____ Registered No. _____
(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

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 5 15
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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED _____ 19____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. 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:

Ruptured Bladder
(Ball bladder)
due to stone and
failure to call physician
patient made dying
Other contributory causes of importance: _____

Date of onset

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? _____

If so, specify _____
(Signed) C. H. Van Osdel M.D.

(Address) Green Tap mo.

