

DEPT SEP 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Warren
Township Dealers
City Edina

Registration District No. 441
Primary Registration District No. 4259

File No. 29285
Registered No. 27

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles D. Linville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 6 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-keeper
10. Date deceased last worked at this occupation (month and year) Nov. 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua, Ill.

FATHER 13. NAME David Adams

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

MOTHER 15. MAIDEN NAME Louise Miller

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

17. INFORMANT Mary E. Fisher
(ADDRESS) Edina, Mo

18. BURIAL, CREMATION, OR REMOVAL Linville Cemetery DATE Aug. 28, 1938

19. UNDERTAKER F. D. Nelson
(ADDRESS) Edina, Mo

20. FILED 8-29- 1938 Mrs. C. M. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-30, 1934, to 8-26, 1938

I last saw her alive on 8-26, 1938. Death is said to have occurred on the date stated above, at 6:55 P.M.

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

Carcinoma mammae metastatic Ca lumbar spine (3-4 L) Date of onset 4/30/34
May 1937

Other contributory causes of importance: 50w

Name of operation Excision Rt Breast Date of 6-21-34
What test confirmed diagnosis? Path. Lab. 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) Fredrick J. Schmitt

(Address) Edina, 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.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-136

Date Filed 9-15-38

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 01-21-2009 BY 60322 UCBAW