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.

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

REC'D OCT 18 1938 2

Do not use this space.

File No. 33572

Registered No.

1. PLACE OF DEATH
County Wayne
Registration District No. 65
Township Lowe(?)
Primary Registration District No. 6142
City Patterson (No. St. Ward)

2. FULL NAME Malinda 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 F
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 Jesse Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-9-1851

7. AGE YEARS 87 MONTHS 8 DAYS 14 If LESS than 1 day, ... hrs. or ... min.

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. 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) Cleveland (STATE OR COUNTRY) Tenn

FATHER
13. NAME James F. Scott
14. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Harriet Dean
16. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Tenn

17. INFORMANT Chas. Adams (ADDRESS) Patterson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Patterson DATE 9-24-1938

19. UNDERTAKER Croy (ADDRESS) Greenville Mo

20. FILED 9-30, 1938 Jesse M. Odle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1938

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1938, to 9/23, 1938

I last saw her alive on 9/22, 1938. Death is said to have occurred on the date stated above, at 4:45 AM.

The principal cause of death and related causes of importance were as follows: Shock from an accidental fall which broke her humerus & Femur

Date of onset 9/21/38

Other contributory causes of importance: 186(?) 14(?)

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? accident Date of injury 9/21, 1938
Where did injury occur? at her home Patterson (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in her home
Manner of injury Fall
Nature of injury Broken Humerus & Femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) O. A. Meyers(?), M. D.
(Address) Greenville, Mo.

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Registrar