

LESD JAN 9 1938

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

Do not use this space.

42662

1. PLACE OF DEATH

County Carter
Township Tolson
City Grandin (No. _____)

Registration District No. 145
Primary Registration District No. 5208

File No. 18
Registered No. 44
St. _____ Ward _____

2. FULL NAME Gennie Mayrith Adams

(a) Residence, No. Grandin Mo St. _____ Ward _____
(Usual place of abode)

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. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. W. Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1860
7. AGE YEARS 78 MONTHS 3 DAYS 10 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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME David B. Forman

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Maragret Anderson

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Chloa McJourney (ADDRESS) Grandin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Cem. DATE Nov-9-1938

19. UNDERTAKER Black Mortuary (ADDRESS) Denison Mo

20. FILED Nov. 26, 1938 Alexander Johnston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-7-1938

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1938 to November 7, 1938
I last saw her alive on November 7, 1938 Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis
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Other contributory causes of importance:
Toxemia from obstipation and uremia.

Name of operation no Date of _____
What test confirmed diagnosis? Chronic 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? _____
If so, specify _____
(Signed) J. E. Williams, M. D.
(Address) Denison, 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.

