

RECORDED FEB 7 1939

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

Do not use this space.

3506

1. PLACE OF DEATH  
 County Phelps Co. Registration District No. 678  
 Township Meramec Primary Registration District No. 5906  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME  
351 Amanda Angeline Adams  
 (a) Residence, No. St James St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 83 yrs. mos.  ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos.  ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED—  
 HUSBAND OR (OR) WIFE OF Quinn A Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-7-1856

7. AGE YEARS 82 MONTHS 2 DAYS ✓ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) (STATE OR COUNTRY) Phelps County Missouri

13. NAME Not known

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

15. MAIDEN NAME Not known

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

17. INFORMANT Charlie Adams  
 (ADDRESS) R.R. St James

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Adams DATE 1-9-39

19. UNDERTAKER Jones & Jeney  
 (ADDRESS) St James

20. FILED 1-78- 1939 Blair B. Hester  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7- 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1939 to Jan 7 1939  
 I last saw h. or alive on Jan 5 1939 Death is said to have occurred on the date stated above, at 7 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy Date of onset Jan 4  
Hypertension 10 yrs  
 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 \_\_\_\_\_, 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) Paul J. Hester M. D.  
 (Address) St. James, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

