

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

Do not use this space.

22168

JUL 11 1939

1. PLACE OF DEATH

County **Green.**

Registration District No. **318**

Township

Primary Registration District No. **2001**

City **Springfield.**

(No. **St. John's Hospital**)

File No.

Registered No. **530**

2. FULL NAME
Minnie Elizabeth Adams.

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Hume Mo
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **45** yrs. mos. ds.

How long in U. S., if of foreign birth? **45** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White.

Widowed.

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

J. P. Adams.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 2 1876.**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

✓

63

4

28.

OCCUPATION

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

House Wife.

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)

Missouri.

MOTHER FATHER

13. NAME

James T. Ackerman.

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

Winston Salem.

15. MAIDEN NAME

Celestia Stultz.

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

North Carolina.

17. INFORMANT (ADDRESS)

J. Walter Adams.

Springfield. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hume. Mo.

DATE

July. 2 1939

19. UNDERTAKER (ADDRESS)

R. W. McConnell & Son.

Hume Mo

20. FILED

June 30 1939

Chas A George

Registrar

MEDICAL CERTIFICATE OF DEATH

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

June. 30.

19**39**

22. I HEREBY CERTIFY, That I attended deceased from

June 1 19**39**, to **June 30** 19**39**

I last saw h. **aw** alive on **June 30** 19**39** at **245 P** 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:

**Carcinoma of sigmoid Colon
(Metastatic from la of breast)**

Date of onset

Other contributory causes of importance:

Intestinal Obstruction

Name of operation Date of

What test confirmed diagnosis? 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) **Paul Murphy M.D.** M. D.

(Address) **Springfield, Missouri**

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.

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