

MO AUG 10 1939

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

25575
Do not use this space.

1. PLACE OF DEATH

(a) County Cassadee Registration District No. 305
(b) Township Canaan Primary Registration District No. 5422 Registered No. 21
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eliza Jane Adams

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 OF (OR) WIFE OF Moses Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 16, 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 9 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation -
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosbud Missouri - Route 2
13. NAME George Rook 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
15. MAIDEN NAME Rachel Reynolds 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
17. INFORMANT William Adams (ADDRESS) Herald Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem Cemetery DATE July 9, 1939
19. FUNERAL DIRECTOR H. S. Rattenstetter (ADDRESS) Owensville, Mo.
20. FILED 7-15, 1939 Leath & Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1939
22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1939 to 7-7, 1939
I last saw her alive on 7-7, 1939. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset years
With Terminal Heart Failure 121
Other contributory causes of importance:
Chronic Bronchitis 10 years
Abscess on left foot 2 years
Chronic nephritis years
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) W. S. Rattenstetter, M. D.
(Address) Owensville, Mo.

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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.

STATEMENT BY LICENSED EMBALMER

I, Milford H H Winters....., Licensed Embalmer No. 3838

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Milford H H Winters
3838

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)