

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

Do not use this space.

REC'D AUG 3 1939

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

25590

1. PLACE OF DEATH

County Gentry
 Townshp Cooper
 City Darlington (No. _____)

Registration District No. 310
 Primary Registration District No. 5429A

File No. _____
 Registered No. 141 St. _____ Ward _____

2. FULL NAME Amanda Caroline Adams

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>75</u>	<u>0</u>	<u>23</u>	

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

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) Albany, Missouri (STATE OR COUNTRY)

13. NAME Wm. Shoemaker

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

15. MAIDEN NAME Susan Felts

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

17. INFORMANT Mr. George Adams (ADDRESS) Darlington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rouse DATE July 6 4 39

19. UNDERTAKER Brooks Funeral Home (ADDRESS) Albany, Mo.

20. FILED July 4 1939 Mattie David Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1937 to July 2 1939
 I last saw her alive on June 25 1939 Death is said to have occurred on the date stated above, at 10: P.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis & Valvular Heart

Other contributory causes of importance: 92h

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? _____
 If so, specify W. A. Martin, M. D.

(Signed) _____ (Address) Albany, Mo

RECEIVED

District Health Officer No. 11;

District File Number 739-926

Date Filed JUL 31 1939