

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

10851
Do not use this space.

1. PLACE OF DEATH(a) County DunklinRegistration District No. 288(b) Township Kimmett Mo.Primary Registration District No. 4172

Registered No. _____

(c) City Kimmett Mo.

(d) Street No. _____ St. _____

(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(a) Residence, No. 512 Hooper St. St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allice Adams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1855

7. AGE YEARS <u>85</u>	MONTHS <u>1</u>	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Labor</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME James Adams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know17. INFORMANT (ADDRESS) Eva Cross18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 3-7 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) Leigh, Ind. Co.20. FILED 3-19 1940 Thulup Davis

Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 194022. I HEREBY CERTIFY, That I attended deceased from Mar 6 1940 I attended by a Physician

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:00 a.m.

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

Date of onset

Cerebral Hemorrhage
Nov 5
g.f.w.

Other contributory causes of importance:

Arterio Sclerosis

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 _____

(Signed) George E. Moore DC(Address) Edmond Dunklin Co71-11111-1111

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6

District File Number 440-938

Date Filed 4/12/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed A. C. Lansdell

Licensed Embalmer No. 818

P. O. Address. Kennett Mo

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.)

If this body is not embalmed, above space should be left blank.