DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19187

FILED JUN 22 1940

Registration District No. 658 Primary Registration District No. 5875 4° Registrar's No.

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Lithium Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 72- 2-24

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Lithium Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Maggie Adams 352

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Vince Adams

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 8 (Day) 1868 (Year)

8. AGE: Years 72 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Work

11. Industry or business 0

FATHER
12. Name Clinton Erwin
13. Birthplace Perry Co. (City, town, or county) Missou ri (State or foreign country)

MOTHER
14. Maiden name Asaneth Brown
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Arthur Crown
(b) Address Lithium, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Younger Sons
(b) Address Perryville Mo.

19. (a) 5-4-1940 (Date received local registrar) (b) G. F. Oraff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1940 hour 2 minute 5 P.M.

21. I hereby certify that I attended the deceased from 4-20, 1940 to 5-2, 1940 that I last saw h alive on 5-2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Stenosis	2 dc
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Advanced stenosis	3 wks

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jerome J. Bredall (M. D. or other)

Address Perryville Mo Date signed 5-3-40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.