

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.

FILED MAY 5 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BatesTownship HowardCity Hume No. SRegistration District No. 51Primary Registration District No. 4030File No. 0Registered No. 0St. 0 Ward 0

2. FULL NAME

Sarah Mariah Adams.(a) Residence, No. S
(Usual place of abode)St. 0Ward. 0

(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

Female.

4. COLOR OR RACE

White.5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed.5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFJohn Wood Adams.

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

Oct 16 1856.

7. AGE

YEARS

85

MONTHS

5

DAYS

29.If LESS than 1
day, hrs.
or min.

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
occupation12. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)Iowa.

MOTHER FATHER

13. NAME Wid Henry Shepherd.14. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)England.

15. MAIDEN NAME

Elizabeth Eton.16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)Unknown.17. INFORMANT
(ADDRESS)Walter Adams.Hume. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hume Cemetery.DATE April 17.19. UNDERTAKER
(ADDRESS)R. W. McConnell & Son.Hume. Mo.20. FILED Apr. 17.1942Fernand Martin

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 151942

22. I HEREBY CERTIFY, That I attended deceased from

April 141942to Apr. 151942I last saw her alive on April 141942

Death is said

to have occurred on the date stated above, at 3 Am.

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

Valvular heart disease

Date of onset

Other contributory causes of importance:

run down condition
as result of old age.Name of operation ✓ Date of ✓What test confirmed diagnosis: auscultation 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 ✓, 19Where 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 no.

(Signed)

O W D Vent.

M. D.

(Address) Hume. Mo.

RECEIVED

District Health Officer No. 7,

District File Number 5-42-442

Date Filed 5-4-42