WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

5396

FILED FEB 28 1946

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

Do not use this space.

File No. 6339

Registered No. 10

1. PLACE OF DEATH
County Lewis
Township La Bell
City La Bell (No. St. Ward)
Registration District No. 178
Primary Registration District No. 4284

2. FULL NAME Laura Alice 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6-1867

7. AGE YEARS 78 MONTHS 1 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo

FATHER

13. NAME Geo. Albert Boswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo

MOTHER

15. MAIDEN NAME Mary Ann Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo

17. INFORMANT Walter Boswell
(ADDRESS) La Bell Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deer Ridge DATE Jan 13 1946

19. UNDERTAKER Garth & Barkett
(ADDRESS) Memphis Mo

20. FILED 2-6-46 1946 P. W. Jennings M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1946

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1946 to Jan. 19

I last saw her alive on Jan. 8 1946 Death is said to have occurred on the date stated above, at 12:30 P m.

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

Lobar Pneumonia 1/4/46

Other contributory causes of importance:

108

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) P. W. Jennings, M. D.

(Address) Canton Mo

10036-11-24-33

RECEIVED
District Health Officer No. 10
File Number 2-46-255
Date Filed FEB 25 1946

This body was embalmed by me
License # 4257
A. C. Guth