80

NOV 23 1927

Dr. Clark

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

Do not use this space.

29886

1. PLACE OF DEATH

County: Cole — Registration District No.: 213 — File No.:

Township: — Primary Registration District No.: 3014 — Registered No.: 279

City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Annie E. Adams

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles O. Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 4, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	4	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fayette, Missouri

PARENTS

10. NAME OF FATHER: G.D.Reynolds

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Fayette, Missouri

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not known

14. INFORMANT: Otis Adams
(Address): Jefferson City, Missouri

15. FILED Nov 3, 1927. S. V. Bedford M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1927, to Oct 23, 1927, that I last saw her alive on Oct 23, 1927, and that death occurred, on the date stated above, at 10/242-A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gen arteriosclerosis
Cardio renal disease
95B
97 (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cardiac asthma
..... (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

D DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W A Clark, M. D

11/1, 1927 (Address) Jefferson City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Riverview Cemetery	Oct-25 1927
20. UNDERTAKER	**ADDRESS**
Wymore-Gordon Und. Co.	J.C.Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state ... be carefully supplied.