

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

Do not use this space.

19843

## 1. PLACE OF DEATH

49 County Jasper Registration District No. 408  
5 Township Carthage Primary Registration District No. 3020  
7 City Carthage (No. 530 W Chestnut) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 830 W Chestnut 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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. A. Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 11-1898</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>3</u>
	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Christian co. Mo 1</u>		
MOTHER FATHER	13. NAME <u>John Adams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Belle Brewer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill 2</u>	
17. INFORMANT <u>Mrs Bonnie Adams</u> (ADDRESS) <u>Anderson Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Hope</u> DATE <u>6-6</u> 19 <u>32</u>		
19. UNDERTAKER <u>Wm - Drake</u> (ADDRESS) <u>Carthage Mo</u>		
20. FILED <u>6-6</u> 19 <u>32</u> <u>E. H. Hatcher</u> Registrar.		

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1932

22. I HEREBY CERTIFY That I attended deceased from June 4 1932 to June 7 1932  
I last saw her alive on June 4 1932 Death is said to have occurred on the date stated above, at 745a.m.  
The principal cause of death and related causes of importance were as follows:  
Traumatic Shock  
Date of onset 6/3/32  
210 M  
131  
107 210

Other contributory causes of importance:  
Chronic Nephritis & Hypertension  
201

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? believe Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 6/3 1932  
Where did injury occur? Highway Co. Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
on road 5 mi. N. of Carthage  
Manner of injury automobile accident  
Nature of injury General Shock

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) E. H. Hatcher M. D.  
(Address) Carthage, Jasper Co.

