

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.

MAY 24 1933

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard Registration District No. 834
Township Ridgeway Primary Registration District No. 6101
City (No. St. Ward)
2. FULL NAME Ada May Black
(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.

File No. 8214a
Registered No. 11

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Black
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 10 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney
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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER FATHER
13. NAME Ollie Larne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Effie Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Paul Black, Bradley mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cass mo DATE 2/19 33

19. UNDERTAKER (ADDRESS) none

20. FILED 2/18 33 J. P. Brandon Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to Feb 18 1933
I last saw h. W alive on Feb 12 1933 Death is said to have occurred on the date stated above, at 5:30 P.

The principal cause of death and related causes of importance were as follows:
Acute Nephritis
Date of onset Jan 1932
920

Other contributory causes of importance:
Mitral Regurgitation

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 attorney
(Signed) _____, M. D.
(Address) Cass mo

