

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kear Primary Registration District No. 1002
 City Rauers City (No. 5-627) Lylea St. 2523 Ward) (If nonresident, give city or town and State)

2. FULL NAME Ada M. Palmer
 (a) Residence, No. 5627 Lylea St., Ward. (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 Le 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leonel W. Palmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>62</u>	<u>1</u>	<u>18</u>	

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

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) Kanana

MOTHER FATHER

13. NAME David Chapman

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

15. MAIDEN NAME no Record

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

17. INFORMANT Mrs. Carl E. Palmer
 (ADDRESS) 2627 Lylea

18. BURIAL, CREMATION, OR REMOVAL PLACE Emwood Burial - 17 33

19. UNDERTAKER Mrs. C. L. Faulstich
 (ADDRESS) 918 Broadway

20. FILED 6-16 33 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1933

22. I HEREBY CERTIFY That I attended deceased from June 14, 1933, to June 14, 1933
 I last saw her alive on June 14, 1933. Death is said to have occurred on the date stated above, at 11:30 m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset June 14-33
94B
99 94B (3 1/2 duration)
 Other contributory causes of importance:
Arteriosclerosis Jan 14-33

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 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? no
 If so, specify _____
 (Signed) Allan S. Hearst, M. D.
 (Address) 1100 Jefferson Ave. 13 City

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.

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