

REC'D AUG 26 1938

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

26405

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775
 (b) Township Perry Primary Registration District No. 6020 Registered No. 54
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sala Mae Adams 259
 (a) Residence, No. 3962 Enright ave St. St. Louis Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 6 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Holly Springs Mississippi13. NAME John Morgan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo15. MAIDEN NAME Anna Brooke16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham Alabama17. INFORMANT (ADDRESS) Olivia Sunderson 3962 Enright Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7-7 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. States 4107 Finney Ave
M. W. Minkin20. FILED JULY 5 1938 M. W. Minkin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4 193822. I HEREBY CERTIFY, That I attended deceased By Request, 1938

First seen by July 5, 1938 Death is said to have occurred on the date stated above, at 8 A. M.

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

Unavoidable accident Date of onsetautomobile collision

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7-4, 1938Where did injury occur? Highway 26 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury automobile accident

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Charles Pronce, coroner(Address) Flat River Mo.

210 m

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, *E. J. Claywell*

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

E. J. Claywell
.....
Licensed Embalmer No. *3706*

P. O. Address *Bonne Terre*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

26405-
Do not use this space.

1. PLACE OF DEATH *St Francisco* Registration District No.
 (a) County.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Sala m. Adams*
 (a) Residence, No. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *B* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *m*

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>319</i>	<i>6</i>	<i>22</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as 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).....

FATHER

13. NAME.....
 14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY).....

MOTHER

15. MAIDEN NAME.....
 16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY).....

17. INFORMANT (ADDRESS).....
 18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....
 19. FUNERAL DIRECTOR (ADDRESS).....
 20. FILED..... 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 4 1938*

22. I HEREBY CERTIFY That I attended deceased from 19... to 19...
 I last saw h... alive on 19... Death is said to have occurred on the date stated above, at *8-9 a.m.*
 The principal cause of death and related causes of importance were as follows:
Accidental
 Date of onset

(Crushed when truck overturned on bar)

Other contributory causes of importance:
in which she was riding

Name of operation *7-10-38* 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? *acc* Date of injury *July 4 1938*
 Where did injury occur? *State Highway No. 61*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *accidental*
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify (Signed) *E Province Carver*
 (Address) *Flat River Mo*

SUPPLEMENT

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

