REC'D FEB 10 1939

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

Do not use this space. 218

1. PLACE OF DEATH
(a) County
(b) Township
(c) or City St. Louis
(d) Street No. Homer Phillips Hospital 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 218

2. PRINT FULL NAME 352 Anna Adams
(a) Residence, No. 4275 W Cote Brilliante St. 11
(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: F
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8-1887
7. AGE: YEARS 51 MONTHS 8 DAYS ~~4~~ 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
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): Mississippi

FATHER
13. NAME: Alec Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER
15. MAIDEN NAME: Amie Parchman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Evelyn Hilliard, 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL, PLACE Nettleton Miss DATE Jan 9 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mose Adams, 3849 Windsor pl.
20. FILED JAN 6 1939 19 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1938, to January 4, 1939
I last saw her alive on January 4, 1939. Death is said to have occurred on the date stated above, at 11:45 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis with cavitation	12/29/38

Other contributory causes of importance:
Diabetes Mellitus
Uterine Polyp

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? yes

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 .....
(Signed) Wallace Fingal, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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.

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, or by K. W. Gre

....., Registered Apprentice No.....

working under my personal supervision.

Signed K. W. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Frankl

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

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