

REC'D JUN 13 1939

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

18812
Do not use this space.

1. PLACE OF DEATH
(a) County Iron Registration District No. 390
(b) Township Union Primary Registration District No. 5545
(c) City Vulcan (d) Street No. 9 St.
(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 Eliza Angeline Adams
(a) Residence, No. Vulcan Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Quincy Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17 1864
7. AGE YEARS 75 MONTHS 1 DAYS 20 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. house wife
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) Iron County
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Christine Charlton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1939
22. I HEREBY CERTIFY, That I attended deceased from 1-1 1939 to 4-7 1939
I last saw him alive on 4-6 1939. Death is said to have occurred on the date stated above, at 3.00P m.
The principal cause of death and related causes of importance were as follows:
Hemorrhage of bowels
Date of onset 11/6
Other contributory causes of importance: Influenza
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? No
If so, specify asthma, diabetes
(Signed) E. S. James, M. D.
(Address) Richmond, Mo.

17. INFORMANT Osear Adams
(ADDRESS) Vulcan Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Des Arc Mo. DATE April 8 1939
19. FUNERAL DIRECTOR Norman White & Sons
(ADDRESS) Ironton Mo.
20. FILED 6/9 1939 B. B. Jester
Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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