

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.

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

1836
Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell 2 Registration District No. 96
 (b) Township Hamilton Primary Registration District No. 4038
 (c) City Hamilton (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 Louisa Victoria Adams

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. E. Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5 1860</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>4</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>	
	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) <u>Breckwidge Caldwell Mo</u>		
FATHER	13. NAME <u>Wm W Bush</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Luhetty Gist</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Excelsior Springs Clay Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>O. J. Adams Kingston Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Breckwidge Mo</u> DATE <u>Dec 5 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>G. R. Hovey How Hamilton Mo.</u>		
20. FILED <u>Dec 5 1939</u> <u>Mark Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1939, to Dec 3 1939
 I last saw her alive on Dec 3 1939. 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:
Cerebral thrombosis
General arterio sclerosis
 Date of onset June 1934

Other contributory causes of importance:
Apr 1929

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physian 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) Hubert R. Booth M. D.
 (Address) Hamilton Mo.

RECEIVED

District Health Officer No. 11,

District File Number 190-1974

Date Filed JAN 15 1940

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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,

L.P. Houghton

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

L.P. Houghton

Licensed Embalmer No.

3854

P.O. Address

Hamilton, Mo.

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.)

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