

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Washburn
City (No.) (No.) St. Ward)

Registration District No. 37
Primary Registration District No. 50.52

File No. 7731
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Mr. B. Adcock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-30-1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day	
				hrs.	min.
	<u>63</u>	<u>2</u>	<u>24</u>		

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

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) Washburn Mo.

13. NAME B. F. Winder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Creek Mo.

15. MAIDEN NAME Rayle

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

17. INFORMANT (ADDRESS) Mrs. Carrie Stephens Washburn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washburn DATE March 25 1934

19. UNDERTAKER (ADDRESS) W. H. Hoover Cassville, Mo.

20. FILED 4/10 19 34 Juell Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/23/34, 19... to 3/24/34, 19... I last saw her alive on 3/24, 19... Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Cerebral Hemorrhage Date of onset 3/23/34
RA

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Urinal 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

(Signed) Beauregard M. D.
(Address) Cassville

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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