

JUL 27 1937

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

Do not use this space.
23469
File No. 81
Registered No.
St. Ward

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs (No.) St. Ward

2. FULL NAME Sarah Evelyn Adams

(a) Residence, No. 512 Bates St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cain Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Ray, Co. Mo.

13. NAME John Crowley

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

15. MAIDEN NAME Mary Ann Wells

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

17. INFORMANT (ADDRESS) Jewell Adams
Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rayville Mo DATE June 16 1937

19. UNDERTAKER (ADDRESS) Herbert Ross
Excelsior Springs

20. FILED June 17 1937 Louise M. Prueker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1937

22. I HEREBY CERTIFY That I attended deceased from June 14 1937 to June 15 1937
I last saw her alive on June 14 1937 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Acute Haemic Poisoning Date of onset June 12 1937

Other contributory causes of importance: Chronic Interstitial Nephritis

Name of operation none Date of
What test confirmed diagnosis? Urine 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) John F. Grace, M. D.
(Address) Excelsior Springs Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

