

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

Do not use this space.

**1. PLACE OF DEATH**

County Carroll Registration District No. 135  
Township Carrollton Primary Registration District No. 30.10  
City Carrollton (No. 208 East) 3<sup>rd</sup> St. 1<sup>st</sup> Ward

File No. 19759  
Registered No. 56  
St. 1st Ward

**2. FULL NAME**

Anna Belle Adams  
(a) Residence, No. 208 East 3<sup>rd</sup> St. 1<sup>st</sup> Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X X X  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1870  
7. AGE YEARS 64 MONTHS 2 DAYS 16 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse  
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 25 7/8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Mo

13. NAME John N Adams

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

15. MAIDEN NAME Minerva Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs Dean Chamberlain  
(ADDRESS) Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 6-9 1934

19. UNDERTAKER Wells Funeral Home  
(ADDRESS) Carrollton Mo

20. FILED 6-8 1934 W. H. Haskins Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-1934

22. I HEREBY CERTIFY, That I attended deceased from 1924 to June 8 1934

I last saw h. alive on June 8 1934 Death is said to have occurred on the date stated above, at 2 a. m.

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

Malignancy of left breast  
(Paget disease)  
50  
Other contributory causes of importance:  
50

Name of operation ..... Date of operation .....  
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? .....

If so, specify (Signed) W. H. Haskins M. D.  
(Address) Carrollton 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

AUG 12 1934

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