

PLACE OF DEATH

County Union  
Township Union  
or  
Village Amesfield  
or  
City \_\_\_\_\_

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH  
Registration District No. 390 File No. 27771  
Primary Registration District No. 5545 Registered No. 45  
(NO.) St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME Adda Slusher

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widowed</u>
DATE OF BIRTH <u>About 55 years old</u>		(Month) <u>1</u> (Day) <u>1</u> (Year) <u>1911</u>
AGE <u>65</u>		If LESS than 1 day, ____ hrs. or ____ min.?
yrs.	mos.	ds.

OCCUPATION  
(a) Trade, profession, or  
particular kind of work House keeper  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) 9-0

BIRTHPLACE  
(City or town,  
State or foreign country) Tennessee

PARENTS	NAME OF FATHER <u>Eliza Graham</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn.</u>
	MAIDEN NAME OF MOTHER <u>Jettie Costile</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. Obanson

(ADDRESS) Amesfield Mo

Filed 11-24. 1911 N. A. Farr

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

11 23, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11, 18, 1911, to 11, 23, 1911, that I last saw her alive on 11, 23, 1911, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH\* was as follows:

Pneumonia

10 9 2  
(Duration) yrs. mos. 6 ds.

Contributory  
(SECONDARY)

(Duration) yrs. mos. ds.  
(Signed) A. Obanson M. D.  
11-24. 1911 (Address) Amesfield Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Amesfield County

DATE OF BURIAL

11-24. 1911

UNDERTAKER

G. W. Slusher

ADDRESS

Amesfield Mo

## PLACE OF DEATH

County Shawnee  
 Township Union  
 or  
 Village   
 or  
 City

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Registration District No. 390File No. Primary Registration District No. 5545Registered No. 45(No.  St.  Ward )

[If death occurred in a hospital or institution, give its NAME instead of street and number]

## FULL NAME

Adda Shusher

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
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DATE OF BIRTH About (Month) 1857 (Day)  (Year)

AGE About 55 yrs.  mos.  ds. IF LESS than  
1 day,  hrs.  
or  min.

OCCUPATION  
(a) Trade, profession, or  
particular kind of work

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

BIRTHPLACE  
(City or town, State or foreign country)

NAME OF FATHER Elye Bradham

BIRTHPLACE OF FATHER Term.

MAIDEN NAME OF MOTHER Lizzie Costill

BIRTHPLACE OF MOTHER Term.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. O. Barron

(ADDRESS) Annapolis

Filed 11-24-1911

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/23 (Month) 1911 (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11/23, 1911, to 11/23, 1911, that I last saw her alive on 11/23, 1911, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH\* was as follows:

W. O. Barron Pneumonia

(Duration) yrs. mos. 6 ds.

## Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. O. Barron M. D.

11/24, 1911 (Address) Annapolis

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

## LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place Term. yrs. mos. ds. In the State Term. yrs. mos. ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

## PLACE OF BURIAL OR REMOVAL

Annapolis, Term.

UNDERTAKER

W. W. Shusher

## DATE OF BURIAL

11/24, 1911

ADDRESS

Annapolis

Original file, date NOV 19

All information called for must be written on this Supplementary Certificate.