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

Do not use this space.

17587

File No. .....
Registered No. 624

JUL 25 1927

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.

1. PLACE OF DEATH
County: Buchanan
Registration District No.: 85
Township: .....
Primary Registration District No.: 1001
City: St. Joseph, (No. Missouri Methodist Hosp. St. ..... Ward)

2. FULL NAME: Mary Herman

(a) Residence. No. 1802 So. 20th. St. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anthony J. Herman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov, 1, 1877

7. AGE: Years 49 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Humboldt, Neb.

PARENTS
10. NAME OF FATHER: Chas. Adamack
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Austria
12. MAIDEN NAME OF MOTHER: Mary Patek
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

14. INFORMANT: Anthony J. Herman
(Address): 1802 So. 20th. St.

15. FILED: JUL 17 1927, 19..... John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June, 15, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1924, to June 15, 1924, that I last saw he alive on June 15, 1924, and that death occurred, on the date stated above, at 11.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Obstructive Bowel from Adhesions from Operation 3 yrs previous Pelvic Abscess Origin Uterus (duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (SECONDARY) Non-Tubercular (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF June 14-24
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. E. Bonsgh, M. D
6/16/, 1927 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Mora Cemetery
DATE OF BURIAL: June, 18, 1927

20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon St.