921

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.

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

85

Do not use this space.

29596

1. PLACE OF DEATH

County Buchanan Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 1653

City St. Joseph, (No. 2109 Saint Joseph Avenue, St. Ward)

2. FULL NAME Beverly Adams,

(a) Residence. No. 2109 St. Joseph Ave. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 13, 1927.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	0	0	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Albert Adams,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hartford,
(STATE OR COUNTRY) South Dakota,

12. MAIDEN NAME OF MOTHER Mildred Young,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chanute,
(STATE OR COUNTRY) Kansas,

14. INFORMANT Albert Adams
(Address) 2109 St. Joseph Ave.

15. FILED OCT 14 1927 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 13th, 1927, to Oct 14th, 1927, that I last saw her alive on Oct 13th, 1927, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* was as follows:
from hemorrhage and fasting before delivery was confined

16a0B (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 162 none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) W H Morris, M. D

10/14, 1927 (Address) 1523 Savannah Av

*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	DATE OF BURIAL
Ashland Cemetery	Oct. 14, 1927

20. UNDERTAKER	ADDRESS
Heaton-Bergsdorf Co.	310 S. 10 St.

by J. W. Rasle