29 1928

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

Do not use this space.

12428

86

1. PLACE OF DEATH
County Buchannan Registration District No.
Township Wayne Primary Registration District No. 5128
City ~~Wayne~~ (No. Halls Mo. R.R.1 St. Ward)

File No. 18
Registered No.

2. FULL NAME Anna Marie Adams.
(a) Residence. No. Halls Mo. R.R.1 St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. 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.	Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Emmet Adams.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 29, 1880.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	4	4	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER John N. Byers.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Denmark.
12. MAIDEN NAME OF MOTHER Engelburg Juhl.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Denmark.

14. INFORMANT Emmet Adams.
(Address) R.R. 1 Halls Missouri.

15. FILED 4-4 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 3 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-12-, 1929, to 4-3-, 1928
that I last saw h[illegible] alive on 4-3-, 1928, and that death occurred, on the date stated above, at 12 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Uterus

4y

40

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D
4/3/, 1928 (Address) St Joseph Mo

*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
Cameron Missouri.	April 5, 1928
20. UNDERTAKER [signature]	ADDRESS 1802 Union St.

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.