

OCT 28 1928

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

Do not use this space.

30309

1. PLACE OF DEATH

County Walt
~~Township~~
City Raytown Mo (No. 110)

Registration District No. 372
Primary Registration District No. 4213

File No.
Registered No. 605
St. Ward)

2. FULL NAME

Yvonne Lee Adams

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

Length of residence in city or town where death occurred 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25 1924

7. AGE YEARS 4 MONTHS 2 DAYS 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Omaha
(STATE OR COUNTRY) Nebr.

10. NAME OF FATHER Paul S Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Imabel Hardy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Java
(STATE OR COUNTRY)

14. INFORMANT J W Adams
(Address) Raytown Mo

15. FILED 9-8-28 J W Adams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 28 1928 to Sept 8 1928 that I last saw h. or alive on Sept 8 1928, and that death occurred, on the date stated above, at 8:28 a.m.

THE CAUSE OF DEATH* WAS FOLLOWS
Illus Colicis
170 114 13 (duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Dehydration
(duration) yrs. mos. Seed ds.

18. WHERE WAS DISEASE CONTRACTED Tabor Ia
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) F E Hagan M. D.
8 1928 (Address) Raytown 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 Tabor Iowa DATE OF BURIAL 9/9 1928

20. UNDERTAKER Delleyhard ADDRESS Raytown 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.

