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.

MAR 23 1929

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

Do not use this space.

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 9672
Township — Primary Registration District No. — Registered No. 379
City St Joseph (No. Noyes Hospital St. Ward)

2. FULL NAME Florence Rose Holcomb
(a) Residence. No. ..... St., ... Ward. Breckenridge Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 1898

7. AGE: Years 30 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 140 1399
(b) General nature of industry, business, or establishment in which employed (or employer) 129
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Shaw Adkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Lucia Lynch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Dockery Holcomb
(Address) Breckenridge Mo.

15. FILED MAR 21 1929 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/20 1929

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1929, to March 20, 1929 that I last saw her alive on March 20, 1929, and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bi-Lateral Salpingo oophoritis (Suppuration) Due to miscarriage (Spontaneous)
(duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (SECONDARY) Peritonitis General
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/13/29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
3/20 (Signed) H S Gorgman, M. D
, 1929 (Address) Foote Bldg 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: Breckenridge Mo — DATE OF BURIAL: 3/22 1929

20. UNDERTAKER: J L Hungly — ADDRESS: 216 So 10th