

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

Do not use this space.

14068

1. PLACE OF DEATH

County Cape Girardeau, Registration District No. 125
Township Cape Girardeau, Primary Registration District No. 2009
City Cape Girardeau, (No.) _____ St. _____ Ward _____

File No. _____

Registered No. 99

2. FULL NAME

Miss Berdrie Mae Adams
(a) Residence, No. 301 Themi 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)

Sept. 17 - 1877

7. AGE

51 YEARS

MONTHS

7

DAYS

0

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Court Reporter

(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)

Indianapolis
Indiana

10. NAME OF FATHER

C. H. Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indianapolis
Indiana

12. MAIDEN NAME OF MOTHER

Amanda L. Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indianapolis
Indiana

14. INFORMANT

Mrs. C. H. Adams
(Address) 301 Themi

15. FILED

4/19/29 W. C. Kumpfer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr. 17 1929

17.

I HEREBY CERTIFY, That I attended deceased from April 13th, 1929, to April 17, 1929, that I last saw her alive on April 17, 1929, and that death occurred, on the date stated above, at 6:15 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Bronchial Pneumonia
following Influenza

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Paul F. Williams, M. D.

, 19 _____ (Address)

*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

Laumont

Apr. 19 1929

20. UNDERTAKER

ADDRESS

Al Brunette

536 Harding

N. R.—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 important.

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MAY 23 1929

