

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

Do not use this space.

15388

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. St. Joseph, s. Hospital)

File No.

609

Registered No.

St. Ward

2. FULL NAME

Pochontas Rebecca Adams

(a) Residence. No.

St.

Ward.

Watson, Missouri

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

0 yrs. 0 mos. 7 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)

Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr. 4, 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

24317

8. OCCUPATION OF DECEASED

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

Housework

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

At Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Watson,

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Richard Ira Adams

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Sheridan Co.,

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Maude Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Sheridan Co.,

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

Mrs. Esther Smith

(Address)

Clearmont, MO.

15.

FILED

MAY 21, 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 21,1930

17.

I HEREBY CERTIFY, That I attended deceased from

May 15, 1930 to May 21, 1930
that I last saw him alive on May 21, 1930 and that death occurred, on the date stated above, at 11/45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicemia - Secondary to presistent Abscess - Staphylococcus
Cut.
129 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)

36 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1. DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

May 21, 1930 (Address)Operation & Culture from abscess - C. E. F. M. D.
731 Faran St. Joseph
*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

Watson, Missouri.May 22, 1930.

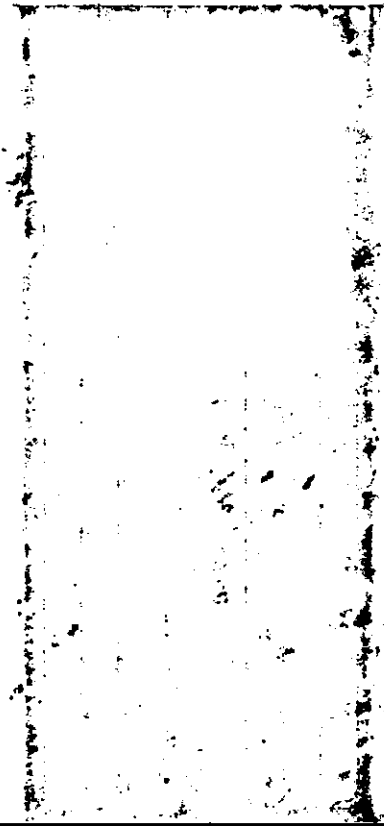
20. UNDERTAKER

ADDRESS

M. C. Siedenpader1802 Union Str

Starkley

John



cated by check marks, lacking from the death certificate:

Name: _____

Who died at: _____

on _____

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____

Months _____

Days _____

Sex: _____

Color or race: _____

Single, married, widowed or divorced: _____

Date of birth: _____

Age: Years _____

Months _____

Days _____

Occupation: (a) Trade _____

(b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: _____

Contributory: _____

Where was disease contracted? _____

Did operation precede death? _____

Date of _____

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