

MAY 23 1931

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

Do not use this space.

4668

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Mo. Meth. Hospital

File No.
Registered No. 189
St. Ward

2. FULL NAME Bernice Adams

(a) Residence. No. County Infirmery St. Ward.
(Usual place of abode)
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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
38 0 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Mo. 1

10. NAME OF FATHER George Riney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Sallie Bird
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown 31

14. INFORMANT Mary Riney (Address) St. Joseph, Mo.

15. FILED 2-1931/19 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to Feb. 15, 1931, that I last saw him alive on Feb. 15, 1931, and that death occurred, on the date stated above, at 10:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus
5.9

(duration) 2 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? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Sugar Test

(Signed) J. R. Bender, M. D.

2/16, 1931 (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

Ashland Feb. 19, 1931

20. UNDERTAKER ADDRESS

Fleeman Funeral Home Inc 1946 Colhoun

FEB 11 1953