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

Do not use this space.

21478

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo. (No. 2206 Cleveland St. Ward)
Registration District No. 309
Primary Registration District No. 2
File No.
Registered No.

2. FULL NAME Anna M. Adams
(a) Residence. No. 2206 Cleveland St. 11 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 Fe.
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 Taylor Adams
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10-1879.
7. AGE YEARS 51 MONTHS 9 DAYS 4 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Sharta
(STATE OR COUNTRY) Missouri
PARENTS
10. NAME OF FATHER Morgan Osborn
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Elizabeth Stubbs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee
14. INFORMANT Taylor Adams
(Address) 2206 Cleveland
15. FILED 6/15, 1931 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1931
17. I HEREBY CERTIFY, That I attended deceased from June 4, 1931, to June 14, 1931 that I last saw her alive on June 13, 1931, and that death occurred, on the date stated above, at 3:45 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute nephritis
920
130
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Chronic Myocarditis
Don't know
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 930
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
(Signed) C. S. Merriman, M. D.
6/15, 1931 (Address) 1225 Rialto Bldg

*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 Forest Hill
DATE OF BURIAL 6-16 1931
20. UNDERTAKER Mrs. C. L. Foster
ADDRESS K.C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Rialto - Vi - 3647

— 4:30 pm