

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 2740 Mitchell Ave.)

30589
File No. _____
Registered No. 952
St. _____ Ward _____

2. FULL NAME Adaline Pointer

(a) Residence, No. 2740 Mitchell Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jerry Pointer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1854

7. AGE
YEARS 79 MONTHS 1 DAYS 13
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Occupied
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co. Missouri

13. NAME Peter Allunbaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa

15. MAIDEN NAME Jane Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennessee

17. INFORMANT Mrs J. J. Wisser
(ADDRESS) 2740 Mitchell Ave. St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery
PLACE St. Joseph Mo. DATE Sept. 16, 1931

19. UNDERTAKER H. C. Seidenfaden
(ADDRESS) 1802 Union st. - St Joseph Mo.

20. FILED John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14, 1931

I HEREBY CERTIFY That I attended deceased from October 3, 1930 to September 14, 1931
I last saw h. ~~or~~ alive on September 14, 1931. Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver
H.E.
974660
Other contributory causes of importance:
Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Spec Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) J. J. Wisser, M. D.
(Address) 109 N. 18 St. St. Joseph 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.

OCT 22 1931

SEP 15 1931

WHILE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

