

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

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

Do not use this space.

30590

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph, Mo. (No. 3112 Burnside Ave.)

File No.

Registered No. 953

St.

Ward)

2. FULL NAME

Betty Rue Adams
(a) Residence, No. 3112 Burnside Ave.
(Usual place of abode)

Ward.

(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)

Infant

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

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

Sept. 14, 1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, 9 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

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)

St. Joseph,
Missouri

FATHER
MOTHER

13. NAME

A. D. Adams

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

Hartford,
North Carolina

15. MAIDEN NAME

Andrew McCall

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

Marionville,
Missouri

17. INFORMANT
(ADDRESS)

A. D. Adams
St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Auburn

DATE Sept. 15, 1931

19. UNDERTAKER
(ADDRESS)

Sleeper Funeral Home,
St. Joseph, Missouri

20. FILED

SEP 15 1931

John R. Binder

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 14, 1931, to Sept. 15, 1931

I last saw him alive on Sept. 14, 1931 Death is said

to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Secondary hemorrhage
from umbilical
cord

Date of onset

9/14

Other contributory causes of importance

Name of operation none

Date of

What test confirmed diagnosis? exam. 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)

G. T. Bloomer M. D.

(Address)

1218 N. 3rd St.

