

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.

JAN 21 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38517

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph, Mo. (No. 401 Blake)

File No.

Registered No. 1235

St.

Ward)

2. FULL NAME

(a) Residence, No. 401 Blake St. Blake Ward. BlakeLength of residence in city or town where death occurred 0 yrs. 8 mos. 0 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 26 1863</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>0</u>
		<u>19</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓ 235</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) <u>Harrisburg</u> (STATE OR COUNTRY) <u>Canada</u>

FATHER	13. NAME <u>Bertholme Carey</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Wintour</u> (STATE OR COUNTRY) <u>Ireland</u>

MOTHER	15. MAIDEN NAME <u>Budget Hollern</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Wintour</u> (STATE OR COUNTRY) <u>Ireland</u>

17. INFORMANT (ADDRESS) <u>Mrs. H. H. Statten</u> <u>St. Joseph, Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, Mo.</u> DATE <u>Dec 17, 1932</u>

19. UNDERTAKER (ADDRESS) <u>St. Joseph, Mo.</u>

20. FILED <u>12-16-</u> 19 <u>32</u> <u>John Bender</u> Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 193222. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1931, to Dec 15, 1932I last saw her alive on Dec 10, 1932 Death is saidto have occurred on the date stated above, at 11:45 a.m.

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

Rephitis Chronic Date of onset 3 yrs131 83.8 131

Other contributory causes of importance:

1 4 yrs

Name of operation..... Date of.....

What test confirmed diagnosis? Cholera 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) L. E. Saurman, M. D.(Address) 412 K. K. Patrick Bldg
St. Joseph, Mo.

