

**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. St. Joseph's Hospital)

File No.

38535

Registered No.

1253

St. Ward)

2. FULL NAME

Lillie May Adams

(a) Residence, No. 1438 No. 13th St.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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

George T. Adams

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

Feb. 16, 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

47

10

1

OCCUPATION

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

At Home,

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)

Buchanan Co.,

Mo.

FATHER

13. NAME

William Stahl

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

Unknown

Kansas

MOTHER

15. MAIDEN NAME

Sarah Eckert

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

Unknown

Indiana

17. INFORMANT
(ADDRESS)

Geo. E. Adams

1438 No. 13th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE Dec. 19, 1932

19. UNDERTAKER
(ADDRESS)

Walter Mauchhofer
1302 Faraon St., St. Joseph, Mo.

20. FILED

DEC 19 1932

19

John R. Bender
Registrar

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from

12/14/32 to 12/16/32

I last saw him alive on 12/16/32 Death is said

to have occurred on the date stated above, at 12.20 A.M.

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

Lobar Pneumonia Date of onset 12/14/32

Other contributory causes of importance:

Influenza 12/11/32
Myocarditis 12/14/32

Name of operation

Date of

What test confirmed diagnosis? Plum 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)

(Address)

Est. Dr. Kirkpatrick Bldg. St. Joseph, Mo.

