

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 20 1933

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. 1230 North 9th)St. Ward 2. FULL NAME Mary C. Adams,(a) Residence, No. 1230 North 9th, St. Ward
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 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 <u>John Quincy Adams,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Year 1854, March 22</u>		
7. AGE <u>79</u>	YEARS <u>Unk. 5</u>	MONTHS <u>Unk. 18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping,</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home,</u>
10. Date deceased last worked at this occupation (month and year) <u>Sept. 1933</u>		11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville, Frank Co. Kentucky</u>		
13. NAME <u>John</u> <u>unknown</u> <u>Holder</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Ky</u>		
15. MAIDEN NAME <u>Santh</u> <u>unknown</u> <u>Banfield</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown, Ky</u>		
17. INFORMANT (ADDRESS) <u>Mrs Lena Sherman</u> <u>921 South 16th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Mora Cem.</u> DATE <u>Sept. 11, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Thorton, BeGalo & Brown</u> <u>319 S. 10th St.</u> <u>Funeral Home</u>		
20. FILED <u>9-11-33</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1933, to Sept 9, 1933
I last saw her alive on Sept 2, 1933. Death is said to have occurred on the date stated above, at 5:08 P.M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis - general
82D
77
Other contributory causes of importance:
Hemiplegia - left

Name of operation Date of
What test confirmed diagnosis? 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. B. Lenor, M. D.
(Address) St. Joseph, Mo

WELD