

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.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph (No. 2)State Hospital # 2File No. 4011Registered No. 175St. Ward2. FULL NAME Mary A. Adams(a) Residence, No. Pay Co. MoSt. Ward

Ward.

(Usual place of abode)

(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 Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1847 unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Housekeeper

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) Unknown13. NAME Adams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph15. MAIDEN NAME Adams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Reeds State Hosp #2 St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Febr. 16 193419. UNDERTAKER Flegman Mortuary, Inc. (ADDRESS) St. Joseph, Mo.20. FILED 2-16 1934 John R. Bunker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 193422. I HEREBY CERTIFY, That I attended deceased from June 16 1890 to Feb 2 1934I last saw him alive on Feb 13 1934. Death is said to have occurred on the date stated above, at 5:55 a.m.

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

Patent at State Hospital from above dateChronic HypertensionMiss. Aug 10/1932

Other contributory causes of importance:

Bronchopneumonia 7/2/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? X

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? Yes

If so, specify _____

(Signed) W. R. Smith, M. D.(Address) St. Joseph, Mo.

