

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DE. 1 - 1934
DEC 2 2 1934

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

Do not use this space.

41991

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, Mo. (No. St. Joseph's Hospital)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 1325
St. _____ Ward _____

2. FULL NAME Elizabeth Anna Adams

(a) Residence, No. 2106 S. 9th. 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 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
71 0 22

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

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) Waupella,
(STATE OR COUNTRY) Illinois

13. NAME Bernard Reynolds

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

15. MAIDEN NAME Fannie Hickson

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

17. INFORMANT Jacob O. Adams
(ADDRESS) 2106 S. 9th. St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem.
PLACE St. Joseph, Mo. DATE 12-3-34

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) St. Joseph, Mo.

20. FILED 12-2-34 John R. Bender Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from

1934, to Nov 30, 1934
I last saw her alive on Nov 30, 1934 Death is said

to have occurred on the date stated above, at 1:10 A. M.

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

Date of onset

granulosa cell carcinoma

Other contributory causes of importance:

Cholera

Name of operation none Date of _____

What test confirmed diagnosis? Alvin Lab Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) Frank H. Legair, M. D.

(Address) Ind. Palmer Bldg.

