

FEB 29 1935

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

Do not use this space.

1300

1. PLACE OF DEATH

County JACKSON Registration District No. 399
 Township RAW Primary Registration District No. 10.02
 City KANSAS CITY (No. 4113 - ROANONE ROAD) St. _____ Ward _____

File No. _____
 Registered No. 103

2. FULL NAME

MRS. MARY LOUISA ADAMS
 (a) Residence, No. 4113 - ROANONE ROAD, Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 CAPT. A. W. ADAMS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 22 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 19

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) BRUNSWICK
 (STATE OR COUNTRY) MISSOURI

13. NAME KALEB MARTIN

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

15. MAIDEN NAME LOUISA WOODS DEVAW

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

17. INFORMANT MIS. GRACE F. ADAMS
 (ADDRESS) 4113 - ROANONE ROAD

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JANUARY 14 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS
 (ADDRESS) 2111 - EAST 9TH ST

20. FILED Jan 14 1935 M. M. Crowder
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 11, 1935

2. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1934 to Jan. 11, 1935.

I last saw her alive on January 11, 1935 Death is said to have occurred on the date stated above, at 9:30 P. m.

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

Chronic myocarditis 1932
senility

Other contributory causes of importance: _____

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?

If so, specify _____

(Signed) Eugene P. Paul, M. D.(Address) 3576 Benton Ave.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1607. Genesee St.

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