

SEP 25 1935

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

Do not use this space.

26711

1. PLACE OF DEATH

County

Jackson

Registration District No.

404

Township

No. 1

Primary Registration District No.

3358

City

Grandview

(No.

St.

Ward)

2. FULL NAME

Virginia Evelyn Adams

(a) Residence, No.

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

J. Eugene Adams

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

Oct 6, 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hra.
ormin.

73

10

13

OCCUPATION

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

housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

own home

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Henry Blaine

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

unknown

MOTHER

15. MAIDEN NAME

Amanda Neville

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

Kentucky

17. INFORMANT
(ADDRESS)Eugene Adams
Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Belton, Mo

DATE

Aug 21, 1935

19. UNDERTAKER
(ADDRESS)E. K. George & Sons
Grandview Mo

20. FILED

Aug 20, 1935

E. K. George

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 19, 1935, to Aug 19, 1935

I last saw him alive on Aug 19, 1935. Death is said

to have occurred on the date stated above, at 4:30 P.M.

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

Coronary pyone
and stomachy pyone

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis? Clinical

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

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)

J. Brunson, M. D.

(Address)

Grandview Mo

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.

