

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.

DEC 11 1935

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

Do not use this space.

35200

1. PLACE OF DEATH

County.....Buchanan.....

Registration District No. 85

Township.....

Primary Registration District No. 1001

City.....St. Joseph, Mo. (No. 3112 Burnside Ave

File No.

Registered No. 11722

St. Ward)

2. FULL NAME Audry Delores Adams

(a) Residence, No. 3112 Burnside Ave 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 Wht.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (put in the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF E. E. Adams
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1930

7. AGE 30	YEARS 2	MONTHS 15	DAYS If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Marshallfield
(STATE OR COUNTRY) Mo.

13. NAME Harry McCall

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

15. MAIDEN NAME Emma Steever

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri17. INFORMANT Mr. E. E. Adams
(ADDRESS) St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery 11-8-35 19.19. UNDERTAKER FLEEMAN & SON INC.
(ADDRESS)20. FILED 11-8 1935 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from
11-5-1935 to 11-7-1935

I last saw him alive on 11-7-1935 Death is said

to have occurred on the date stated above, at 6:10 p.m.

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

Gastric Ulcer

Date of onset

Other contributory causes of importance:

Name of operation Date of yes

What test confirmed diagnosis? 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 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dr. Henry J. Lewis M. D.

(Address) 209-10 Highland Bldg.

