

MAR 16 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph

Registration District No.

85

Primary Registration District No.

1007

(No. St. Joseph's Hospital)

File No.

4649

Registered No.

193

St.

Ward)

2. FULL NAME Audrea Adams(a) Residence, No. 1415 Seneca

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 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 OFChas. C. Adams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 23, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.601118

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Own Home10. 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)Unknown
Denmark

FATHER

13. NAME

Joseph Lorenson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Denmark

MOTHER

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Unknown17. INFORMANT
(ADDRESS)Chas. C. Adams
1415 Seneca St. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

Int. Olivet CemeteryPLACE St. Joseph Mo.DATE February 13, 1936

19. UNDERTAKER

H. C. Sidenfaden(ADDRESS) 802 Union St. St. Joseph Mo.

20. FILED

2-12 1936 John H. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 193622. I HEREBY CERTIFY, That I attended deceased from
1-30-, 1936, to 2-11-36, 1936I last saw her alive on 2-11, 1936 Death is saidto have occurred on the date stated above, at 9:30A m.

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

Date of onset

Coronary Arteriosclerosis
Aneurysm of Left Ventricle
Myocardial Infarction of Right
Ventricle

Other contributory causes of importance:

No Hemorrhagic Diathesis

Name of operator

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)

M. D.

(Address)

303 Kentucky St. St. Joe,

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.

