

APR 15 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9313

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. St. Joseph's Hospital)

File No.

Registered No. 315

St.

Ward)

2. FULL NAME Gladys Marie Adams(a) Residence, No. 2106 South 9th.

St.

Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 14 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFCharles M. Adams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1902.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.33918

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 Home10. Date deceased last worked at this occupation (month and year) Feb. 1936.

11. Total time (years) spent in this occupation

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

Graham Missouri

FATHER MOTHER

13. NAME

Geo. Collins

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

Nodaway County Missouri

15. MAIDEN NAME

Mattie Bouie

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

Saline County Missouri

17. INFORMANT (ADDRESS)

Chas. M. Adams Mo. 2106 South 9th. St. Joseph.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Olivet Cemetery

PLACE

St. Joseph Mo.DATE March 4

19. 36

19. UNDERTAKER (ADDRESS)

H. O. Sidenfaden 1802 Union Str. St. Joseph Mo.

20. FILED

3 1936John A. Borden

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1936.22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1936, to Mar. 1, 1936I last saw or alive on March 1, 1936 Death is saidto have occurred on the date stated above, at 7:10 P. m.

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

Lobar PneumoniaDate of onset
2-27

Other contributory causes of importance:

Name of operation None Date ofWhat 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

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) W. A. Borden M. D.(Address) 620 Franklin St. Joseph 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.

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SEP 13 1951