

JUN 7 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19574

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 10.2City Kansas City(No. 5656 Oak Street)

File No. _____

Registered No. 2532

St. _____ Ward) _____

2. FULL NAME

Ella B. Adams(a) Residence, No. 5656 Oak Street

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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFWash Adams

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

February 25, 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.83226

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At home9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

MOTHER FATHER

13. NAME

John K. Lincoln14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)no record

15. MAIDEN NAME

no record16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)no record

17. INFORMANT

Elmira Stark,

(Mo.)

(ADDRESS) 6109 Morningside Drive, Kansas Cy.

18. BURIAL

CRIMMINS & SONS

PLACE

Plattsburg, Mo.DATE May 23, 1936

19. UNDERTAKER

Stina & McClure

(ADDRESS)

3235 Gillham Plaza

20. FILED

May 22, 1936 M. M. Grove

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8 A. m.

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

Date of onset

Other contributory causes of importance:

Name of operation

Date

What test confirmed diagnosis

Was there an autopsy?

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) _____

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.

