

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.

SEP 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANANRegistration District No. 85Township WASHINGTONPrimary Registration District No. 1001City ST. JOSEPH,(No. 2305 LAFAYETTE)St. 1118 Ward2. FULL NAME MRS. MARY C. ADAMS(a) Residence, No. 2305 LAFAYETTE St. 1118 Ward.

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.

(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)

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

WIDOWED

unknown

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

JUNE 21, 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

89

2

6

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

ANDREW COUNTY, MO.

FATHER

13. NAME

W. H. CLEMMONS

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

KENTUCKY

MOTHER

15. MAIDEN NAME

SALLY ANN HENSLEY

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

UNKNOWN

17. INFORMANT (ADDRESS)

MR. S. THOS. BARNETT
2305 LAFAYETTE

18. BURIAL, CREMATION, OR REMOVAL

PLACE WHITESVILLE MO. DATE AUG. 30, 1936

19. UNDERTAKER (ADDRESS)

FLEEMAN & SON, INC.

20. FILED

Aug 29, 1936 1946 COLHOUN ST
St. Joseph, Mo.
Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 27, 1936 1922. I HEREBY CERTIFY, That I attended deceased from Aug 27 1936 to Aug 27 1936I last saw HER alive on Aug 27 1936 Death is saidto have occurred on the date stated above, at 3:00 P. M.

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

Chronic Myocarditis

Date of onset

unknown

Other contributory causes of importance:

noneName of operation none Date of noneWhat 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 none 1936Where did injury occur? none

(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) S. E. Melaney M. D.(Address) 401 Bollinger Bldg.

