

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

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43866

1. PLACE OF DEATH

County BucanmanRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. St. Joseph Hospital No 2)File No. 1561Registered No. 1561St. Harrison City Mo Ward 2. FULL NAME Jean Adhison(a) Residence, No. 1 Kansas City Mo. 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. 1 mos. 10 ds.How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L</u>		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 31, 1858</u>			
7. AGE YEARS <u>78</u>	MONTHS <u>3</u>	DAYS <u>22</u>	If LESS than 1 day, ...hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation <u></u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>	
	10. Date deceased last worked at this occupation (month and year) <u></u>	

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri13. NAME William Adhison14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky15. MAIDEN NAME Salinda Allison16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky17. INFORMANT Hospital Records
(ADDRESS) St. Joseph Hospital No 2 St. Joseph Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE No. 1001 Mo DATE Dec. 27 193619. UNDERTAKER Freeman J. H. H. H.
(ADDRESS) 104 W. 4th St. St. Joseph Mo.20. FILED 12-22 1936 H. J. Neathurst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 193622. I HEREBY CERTIFY, That I attended deceased from November 12, 1936, to December 22, 1936.I last saw him alive on December 21, 1936. Death is said to have occurred on the date stated above, at 8:29 a.m.

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

Chronic Myocarditis (Date of onset) Indefinite

Other contributory causes of importance:

Chronic Nephritis (Date of onset) IndefiniteName of operation Date of
What test confirmed diagnosis? Clinical finding Was there an autopsy? Yes23. 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? No
If so, specify (Signed) J. H. Forman, M. D.
(Address) State Hospital No 2 St. Joseph Mo.

