WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 15 1937

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

Do not use this space.

11262

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 373

Township Primary Registration District No. 1001 Registered No.

City St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Vina Adams

(a) Residence, No. Buchanan County Infirmary Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
87	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Peoria, Illinois

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. William Gilfry
(ADDRESS) Snyder, Colorado.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery

PLACE St. Joseph, Mo. DATE March 26 1937

19. UNDERTAKER H. O. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 3/25 19 A. J. Nottebrock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1937

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from March 24th 1937, to 19

I last saw her ~~alive on~~ viewed 19 Death is said to have occurred on the date stated above, at 6:30A.M.

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

Acute Coronary Thrombosis

Date of onset: Jan. '37

948

Other contributory causes of importance:

General Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? no

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) St Joseph, Mo.

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