

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

Do not use this space.

MAY 15 1937

15384
1937

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township At. 5 E Primary Registration District No. 1002
City At. 5 E Mo. (No. 1509, Tracy) St. _____ Ward _____

2. FULL NAME Marie Adams
(a) Residence, No. 1509 Tracy St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? 7 yrs. 1 mos. 5 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. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1897
7. AGE YEARS 39 MONTHS 7 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
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) Kans
13. NAME Wallace Welch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
15. MAIDEN NAME Mary Moon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT Pearl Walker
(ADDRESS) 1509 Tracy
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE Apr. 24, 1937
19. UNDERTAKER (ADDRESS) Sarver Engle H. Young
1119 E. 15th St. Kansas
20. FILED Apr 24, 1937 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20, 1937
22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1937, to 4-20, 1937
I last saw him alive on 4-30, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Ventricular Regimer
Other contributory causes of importance: gga
Name of operation _____ Date of _____
What test confirmed diagnosis Sab. Exam 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 _____, 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) J. H. Bruesch, M. D.
(Address) 1518 E. 18th St.

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.

