

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City Kansas City Mo. (No. 4201 Troost Ave) St. 2 Ward 1

File No. 19063
 Registered No. 2277

2. FULL NAME

Mrs. Laurinda Marie Adey

(a) Residence, No. 4201 Troost Avenue St. 20 Ward. 1
 (Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/17/37 .19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Adey

22. I HEREBY CERTIFY, That I attended deceased from May 12 1937 to May 17 1937
 I last saw her alive on May 17 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1887

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 50 0 21

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ECU - wife

Carcinoma of throat & Breast
50

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 ✓

Other contributory causes of importance:

Metastases to throat

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

13. NAME Charles W. Williams

Name of operation..... Date of.....

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

What test confirmed diagnosis? Biopsy Was there an autopsy?.....

15. MAIDEN NAME Josephine Goodin

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.

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

17. INFORMANT George Adey
 (ADDRESS) 4201 Troost

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cemetery DATE 5/19/37 19.....

19. UNDERTAKER W. F. Mayberry
 (ADDRESS) 377 M. Dr. Grove

20. FILED May 18, 1937 M. Dr. Grove Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Wm. H. Bair M. D.
 (Address) 910 Angell Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCU

