

NOV 15 1938

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

35154
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 1050
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary M. Adams,

(a) Residence, No. 1301 Mitchell Avenue, St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Adams,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 0 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as 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) Nugent's Grove, Iowa,

FATHER 13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

MOTHER 15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT J. H. Adams
(ADDRESS) 2607 Pacific Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. em. Park DATE Oct. 25th, 1938

19. FUNERAL DIRECTOR Theaton, Billie Lee Brown
(ADDRESS) 319 So. 10th Street, General

20. FILED Oct 24, 1938 J. H. Steutgen
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1938 to Oct 22, 1938.
I last saw h. alive on Oct 22, 1938 Death is said to have occurred on the date stated above, at 11:35 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 10-21-38
Intestinal Prolapse
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal 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? NO
If so, specify _____
(Signed) J. H. Adams _____, M. D.
(Address) 2607 Pacific Street

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.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Oct 22, 1922

L. E.

No. or by Registered Apprentice No. 1

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)