

SEP 12 1939

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

28659
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St Joseph Primary Registration District No. 1001 Registered No. 890
(c) City St Joseph (d) Street No. St. Joseph 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 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT-FULL NAME I D A - ADAMSON

(a) Residence, No. 2903 no 6 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 Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. A. Adamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 4

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. house work
10. Date deceased last worked at this occupation (month and year) July 1939 11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bosman Ind.

13. NAME Jacob Schweighauer

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

15. MAIDEN NAME Do not know

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

17. INFORMANT (ADDRESS) Edward Bronbidge St Joseph Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem DATE Sept 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Stames St Joseph Ind.

20. FILED Aug 31 1939 W. J. Mitchell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1939, to Aug 29 1939

I last saw her alive on Aug 29 1939. Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Pericarditis
Leukemia
Myocarditis
Splenitis

Other contributory causes of importance: X 34

Name of operation _____ Date of _____
What test confirmed diagnosis? X 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) W. J. Mitchell, M. D.
(Address) St Joseph Ind.

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.

WHILE EARLY, WITH ONFADING MARKS THIS IS A PERMANENT RECORD

1 X1663

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John H. Hurley

Registered Apprentice No.....

working under my personal supervision.

Signed *John H. Hurley*.....

Licensed Embalmer No. *4050*.....

P. O. Address *1335 St. Joseph*.....

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.)

If this body is not embalmed, above space should be left blank.