

FEB 20 1935

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

Do not use this space.

199

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City St. Joseph (No. 403 Michigan)

File No.....
Registered No. 16
St. Ward)

2. FULL NAME Madline Marie Adams

(a) Residence, No. 403 Michigan St. Ward. (If nonresident, give city or town and State)

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St. Joseph
(STATE OR COUNTRY) Missouri

13. NAME L. R. Adams

14. BIRTHPLACE (CITY OR TOWN) Hart Co.
(STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Fern Sage

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

17. INFORMANT L. R. Adams
(ADDRESS) 403 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem - Park DATE

19. UNDERTAKER Clark Mortuary
(ADDRESS) 5025 King Hill A.

20. FILED 1-4- 19 35 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1935 to Jan 4 1935
I last saw her alive on Jan 4 1935 Death is said

to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Subic pneumonia
But any.

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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..... M. D.
(Signed) Fenton G. Goudson
(Address) 276 1/2 W. New Ave.

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.

11-5-9

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