

FEB 25 1937

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

Do not use this space.

3892

48. PLACE OF DEATH
 County Jackson Registration District No. _____
 Townshp Kaw Primary Registration District No. _____
 City Wesley Hospital (No. Wesley Hospital) St. _____ Ward _____
 2. FULL NAME Still born Child of Lee Adams
 (a) Residence, No. _____ St. Mo. Ward. 1
 (Usual place of abode) Grand Valley Rankin (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.

File No. _____
 Registered No. 3
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF still born
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1935
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
still born
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. still born
 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) Wesley Hospital, Lee Mo
 13. NAME still born Lee Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wesley Hospital, K. C. Mo
 15. MAIDEN NAME Annie Grube
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo
 17. INFORMANT Lee Adams
 (ADDRESS) Lee Summit Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Summit DATE 1-6-35
 19. UNDERTAKER P. B. Webb
 (ADDRESS) Lee Summit Mo
 20. FILED Jan 4 1935 M. M. Morrow
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 - 1935
 22. I HEREBY CERTIFY that I attended deceased from Jan 3 1935 to Jan 3 1935
 I last saw h. still born, 19..... Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
still born, delivered after mother died
 Date of onset _____
 Other contributory causes of importance: mother death
 Name of operation Cesarian Date of 1/3/35
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 the occupation of deceased? _____
 If so, specify _____
 (Signed) Edw. M. Thoms M. D.
 (Address) 901 Chambers Bldg
Lee Mo

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.

THIS IS A PERMANENT RECORD

