

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

Do not use this space.

REC'D NOV 17 1938

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Independence Primary Registration District No. 3069
 City Independence (No. W. Alton & Mo. Pac. Trade St. 297 Ward)

File No. 35905

2. FULL NAME

Ms. Bessie Louise Adams
 (a) Residence, No. 1024 W. Alton St. W. Alton 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Lexington Kentucky

13. NAME B. M. Colvin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Talmonmouth Kentucky

15. MAIDEN NAME Eudora Pigt

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

17. INFORMANT (ADDRESS) Dr. Noah Adams 1024 W. Alton

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mowah DATE Oct. 31 1938

19. UNDERTAKER (ADDRESS) George C. Carson Independence, Mo.

20. FILED 11-2-1938 J. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from W. Alton, 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Railroad Traumatism
(Riding in car - Struck by train)

Other contributory causes of importance: 200 ft. Fr Skull - Broken neck

Name of operation none Date of 10-28-38

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-28, 1938

Where did injury occur? W. Alton & Mo. Pac. Trade (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. highway

Manner of injury Rail Road Traumatism

Nature of injury Fr Skull - Fr Neck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Smith, M. D.

(Address) W. Alton

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.

