

JAN 1 3 1938

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

43318
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 480
 (b) Township Lees Summit Primary Registration District No. 4235
 (c) City Lees Summit (d) Street No. _____ (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 _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.
 2. PRINT FULL NAME Blairinda Adams
 (a) Residence, No. Lees Summit Mo. R. 78 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Adams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10-1952
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 1 3
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Orensville Ky 1
 13. NAME J. J. Wright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pass Ky 1
 15. MAIDEN NAME Lucretia Clayton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bar Bo Ky 1
 17. INFORMANT (NAME) (ADDRESS) Mrs. Herbert Clifford
Lees Summit Mo
 18. BURIAL, CREMATION, OR REMOVAL PL. Lees Summit DATE 12-15-1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fields - James
Lees Summit Mo
 20. FILED 12-14-38 William J. Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-13 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 11, 1938, to Dec. 13, 1938
 I last saw her alive on Dec. 13, 1938 Death is said to have occurred on the date stated above, at 9:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia Date of onset 12-10-38
Chronic nephritis with uremia 5-11-38
 Other contributory causes of importance: 131
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Claret L. Miller M. D.
 (Address) Lees Summit, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.