

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.

SEP 27 1927

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

Do not use this space.

24026

1. PLACE OF DEATH

County Wynne
Towship 2nd
City St. Louis (No. 15)

Registration District No. 288
Primary Registration District No. 4472

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

2. FULL NAME

Theo. Adams

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 5 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Theodore Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Sarah Naher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo

14. INFORMANT M. W. Wathman
(Address) Kennett Mo.

15. FILED Aug 13, 1927 El. Spence
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8 - 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1927, to Aug 11, 1927, that I last saw him alive on Aug 11, 1927, and that death occurred, on the date stated above, at _____

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
103B Typhoid fever

CONTRIBUTORY (SECONDARY) Hemorrhage
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) W. R. Forrester M.D.

1919 (Address) 1000 1/2 St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Gregory Maus 8-13 1927

20. UNDERTAKER A. C. Lunsell Kennett Mo.

