

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

Do not use this space.

6695

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. City of St. Louis) St. ..... Ward)  
14373  
**2. FULL NAME** Maryinthe Adams  
 (a) Residence. No. 1340 St. 13 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. ....  
 Registered No. 1644  
 St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF** John Henry Adams  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec 20 1881  
**7. AGE** YEARS MONTHS DAYS 87 1 20 If LESS than 1 day, ... hrs. or ... min.  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work. Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer.

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb 12 1928  
**17. I HEREBY CERTIFY** That I attended deceased from Jan 19 1928 to Feb 12 1928 that I last saw him alive on Feb 11 1928, and that death occurred, on the date stated above, at 11 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Fracture neck of left femur (fall)  
Chronic myocarditis  
Chronic interstitial nephritis  
fall to the floor (duration) yrs. mos. ds.  
**CONTRIBUTORY** Arterio-sclerosis; Senility  
 (SECONDARY) (duration) yrs. mos. ds.

**9. BIRTHPLACE (CITY OR TOWN)** Missouri (STATE OR COUNTRY)  
**10. NAME OF FATHER** Unknown Kirby  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Tenn (STATE OR COUNTRY)  
**12. MAIDEN NAME OF MOTHER** Unknown Ombrey  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** England (STATE OR COUNTRY)

**18. WHERE WAS DISEASE CONTRACTED** 185-1 199-3 131  
 IF NOT AT PLACE OF DEATH.  
**8** Did an OPERATION PRECEDE DEATH. DATE OF .....  
 WAS THERE AN AUTOPSY? .....

**14. INFORMANT (Address)** Wm. H. Starkey  
**15. FILED** Feb 14 1928 REGISTRAR

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Edmund R. Sheridan M.D.  
13 1928 (Address) City of St. Louis

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** St. Matthews Cem **DATE OF BURIAL** 2-14 1928  
**20. UNDERTAKER** Weick Bros 2201 **ADDRESS** So Grand

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.

adams