

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

Do not use this space.

12789

1. PLACE OF DEATH

County.....*St. Louis*.....
Township.....*Madison*.....
City.....*St. Louis*..... (No..... St..... Ward.....)

Registration District No. *271*
Primary Registration District No. *2218*

File No.....
Registered No. *5*
St..... Ward.....

2. FULL NAME

(a) Residence. No..... St..... Ward.....
(Usual place of abode)

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 *M* 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 1 - 1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 *13*

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Rice*
(STATE OR COUNTRY) *Mo*

PARENTS

10. NAME OF FATHER *Elie Adams*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Kentucky*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Susan Leno*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Kentucky*
(STATE OR COUNTRY)

14. INFORMANT *Harry Adams*
(Address) *St. Louis Mo*

15. MAY 5 1928
FILED 19.....
REGISTRAR *J. W. Carson*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 13 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 18* 19*18*, to *April 13* 19*28*, that I last saw him alive on *Dec 14* 19*27*, and that death occurred, on the date stated above, at *12 noon*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy *131*
124
CONTRIBUTORY (SECONDARY) *Nephritis interstitial*
(duration) *2* yrs. *3* mos. *3* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) *J. H. Duggan*, M. D.
, 19 (Address) *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, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Adams Cemetery* DATE OF BURIAL *April 14 1928*

20. UNDERTAKER *W. D. Hobson* ADDRESS *St. Louis Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. INFORMATION should be supplied in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

