

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

Do not use this space.

16955

6

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.

**1. PLACE OF DEATH**

County Jackson  
Township Osborne  
City Adams

Registration District No. 397  
Primary Registration District No. 4234

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_  
(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.

Adam J. Plajit  
Greenwood mo.

**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 Hattie Pearl

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 | 3 | 3 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Loansada

**10. NAME OF FATHER**

Not Known

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Not Known

**12. MAIDEN NAME OF MOTHER**

Not Known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Not Known

**14.**

INFORMANT Hattie Pearl  
(Address) Greenwood mo.

**15.**

June 11, 1928 Mrs. J. D. Sanger  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1928

17. I HEREBY CERTIFY That I attended deceased from May 21, 1928, to May 26, 1928 that I last saw h. l. a. alive on May 26, 1928, and that death occurred, on the date stated above, at 1:40 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral thrombosis  
131  
82

(duration) yrs. mos. ds. 8 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) yrs. mos. ds. 4 yrs.

**18. WHERE WAS DISEASE CONTRACTED**

Home

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) Vicente P. Balboa, M. D.

, 19 (Address) 1025 Ogden Bldg. K.C. Mo.

\*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**

**DATE OF BURIAL**

Raymore May 29 1928  
Greenwood mo.  
20. UNDERTAKER W. H. You Pleasant mo. ADDRESS \_\_\_\_\_

—Every hour of life  
DEATH in

so that it may be in  
-ly character.

EXACTLY  
of OCEAN

Journal

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson  
Township Oran  
City (No. 4234)

Registration District No. 397  
Primary Registration District No. [REDACTED]

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Adam G. Plant

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Plant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>80</u>		<u>3</u>	<u>3</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Mrs. Hattie Plant  
(Address) \_\_\_\_\_

15. FILED 6/11 19 28 Mrs. W. D. Semper REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1928

17. I HEREBY CERTIFY that I attended deceased from May 21 1928 May 26 1928 (that I last saw h. in alive on May 26 1928, and that death occurred, on the date stated above, 1:40 A.M.)

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebral Hemorrhage  
Chronic Subtotal myelitis  
(duration) 4 yrs. 3 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Biopsy of spleen  
(Signed) Vincent M. D.  
, 19 (Address) 1025 Argyle St. 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 Raymour's DATE OF BURIAL May 29 1928

20. UNDERTAKER W. W. Hon ADDRESS Pleasant Hill

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE IF CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
PHYSICIANS WHO OCCUPATION IS VERY IMPOR  
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