DEC 26 1928

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

Do not use this space.

85

36134

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001
Township — Primary Registration District No.
City St. Joseph (No. Noyes Hospital St.) Ward)

File No.
Registered No. 1317

2. FULL NAME Charles Adams

(a) Residence. No. 1517 Angelipue 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Negro	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Anna Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
41	No Facts	No Facts	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Poter Whol. Grocery
(b) General nature of industry, business, or establishment in which employed (or employer): " " "
(c) Name of employer: " " "

9. BIRTHPLACE (CITY OR TOWN) No. Facts
(STATE OR COUNTRY) No Facts

PARENTS

10. NAME OF FATHER No Facts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) No Facts
(STATE OR COUNTRY) No Facts
12. MAIDEN NAME OF MOTHER No Facts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Facts
(STATE OR COUNTRY) No Facts

14. INFORMANT Hospital Records
(Address) 24th & Frederick Ave

15. FILED Nov 22 1928 John L. Gibbs Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/20/1928

17. I HEREBY CERTIFY, That I attended deceased from 11-15- 1928, to 11-20- 1928, that I last saw h[illegible] alive on 11-20- 1928, and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Disease - Syphilitic

30 34 4 5 6 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilis

(duration) yrs. mos. ds.

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

Did an operation precede death? No. Date of
Was there an autopsy? Yes
What test confirmed diagnosis? autopsy

(Signed) Wm A Fuson M. D
11/22, 1928 (Address) 320 Kirkpatrick Blvd

*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 Ashland Cemetery
DATE OF BURIAL 11/23/28

20. UNDERTAKER Ramsey Funeral Service
ADDRESS 9th & Olive

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.