

31 1928

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

Do not use this space.

37669

1. PLACE OF DEATH

County New Madrid
Township St. Louis
City St. Louis (No.)

Registration District No. 525
Primary Registration District No. 4033

File No. 7
Registered No. 792
St. Ward)

2. FULL NAME

George 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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) Aug 19 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 3 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) Columbia
(STATE OR COUNTRY) Tenn

10. NAME OF FATHER S J Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary E Kelly

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

14. INFORMANT S J Adams
(Address) B 3 Bennett Ave

15. FILED Dec 10, 1928 M. V. Mummman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 19 28

17. I HEREBY CERTIFY, That I attended deceased from Nov 19 1928, to Nov 28 1928, that I last saw him alive on Nov 28 1928, and that death occurred, on the date stated above, at 9:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
Robt pneumonia
(duration) yrs. mos. ds. 10 ds.

CONTRIBUTORY (SECONDARY) 101A
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. Cochran, M. D.

11/28, 1928 (Address) Green, 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 New Hope Ceme DATE OF BURIAL Nov 29 19 28

20. UNDERTAKER Baldwin Undertaking Co ADDRESS Kennett Mo

