

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

Do not use this space.

37958

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles

Registration District No. 757
Primary Registration District No. 3036

File No. 177
Registered No. 177
St. St. Joseph's Hospital Ward

2. FULL NAME

(a) Residence. No. St. Ward. Davis

(Usual place of abode)

Length of residence in city or town where death occurred 7 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

Pearl Smith

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

Apr 1 - 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

49

2

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tracy Mo

10. NAME OF FATHER

William Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tracy Mo

12. MAIDEN NAME OF MOTHER

Elizabeth Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tracy Mo

14.

INFORMANT'S (Address)

Emery C. Cherry
St. Charles Mo

15.

FILED

11/19/28
H. G. Bloebaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1928

17.

I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Nov 27, 1928
that I last saw him alive on Nov 27, 1928, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumococcus Septicemia
108
36 / 101 / 101
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Severe pneumonia
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood culture

(Signed) Vernon A. Schneider, M. D.
, 19 (Address)

*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

Davis Mo

Nov 29 1928

20. UNDERTAKER

ADDRESS

H. G. Bloebaum & Son St. Charles Mo

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.

