

JAN 23 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40203

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township Primary Registration District No. 2001City Springfield(No. 660 S. Fremont St. St. Ward)File No. Registered No. 9472. FULL NAME Francis X. Adams(a) Residence. No. 429 Monticello St., Ward. (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

Emma Fry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 19 1860

7. AGE

68

YEARS

MONTHS

9

DAYS

12

IF LESS than 1

day, hrs.

or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Freight Claim Agent.(b) General nature of industry, business, or establishment in which employed (or employer) Frisco Ry.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas

10. NAME OF FATHER

Samual Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Michigan

12. MAIDEN NAME OF MOTHER

Mary Bell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT

(Address)

FILED

1-5-29

19

O.C. Fort Me.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-31 1928

17.

I HEREBY CERTIFY, That I attended deceased from , 1928, to , 1928.that I last saw h. alive on , 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sudden death due to
92A
Valvular Heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

8 DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O.C. Fort Me.1-2, 1929 (Address Registration Vite Stalsh)

*State the DISEASE CAUSING DEATH, or in words 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

Maple Park Cem

20. UNDERTAKER

ADDRESS

Sherman L. Hunsicker

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.

