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

Do not use this space.

42566

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City ..... (No. 706 N 20th St. ..... Ward)

File No. .....

Registered No. 11807

2. FULL NAME Harry E. Adams

(a) Residence. No. 706 N. 20th St., 21 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	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 11-1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	8	7	21	

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Harry Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Little Rock
(STATE OR COUNTRY) Ark

12. MAIDEN NAME OF MOTHER Delila King

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

14. INFORMANT Delila Adams
(Address) 706 N 20th

15. FILED ..... 5 1928 Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-2-1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1928, to Dec 2, 1928 that I last saw him alive on Dec 1, 1928, and that death occurred, on the date stated above, at 11.35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

92A 70A (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Vincent J Muell M.D

XII-4, 1928 (Address) 2335 Franklin

*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
Calvary Cem.	12-6-1928
20. UNDERTAKER	ADDRESS
Peoples Und Co	3700 Franklin

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD