

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

Do not use this space.

1608

**1. PLACE OF DEATH**

County Jackson  
Township Kearney  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002

File No. 199  
Registered No. 199  
St. Mo. Ward 1

**2. FULL NAME**

Adams Rachel

(a) Residence. No. 410 W. 14th St. 1 Ward.

(Usual place of abode)  
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 - 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
9 5 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas  
(STATE OR COUNTRY)

10. NAME OF FATHER Morris Adams

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

12. MAIDEN NAME OF MOTHER Mary Curre

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

14. INFORMANT Rachel Adams  
(Address) Kansas City Genl Hosp

15. FILED 1-15-29 M. M. Curre REGISTRAR

**2) MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1928 to Jan 12 1929  
that I last saw him alive on Jan 12 1929 and that death occurred, on the date stated above, at 2:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Rheumatic Fever  
and Acute Endocarditis  
56E  
91A 57A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 57A (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Plum & Ray Finding

(Signed) P. E. Williams M. D.  
Jan 12 1929 (Address) Subt. C. Genl Hosp

\*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

Highland Pk. - K.C. Jan 16 1929

20. UNDERTAKER ADDRESS

Rice + Henderson 15th Jackson

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.

THIS IS A PERMANENT RECORD

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2  
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