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

Do not use this space.

12203

MAY 2 1929

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Koch (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. .....
Registered No. 113

2. FULL NAME Carl McAdams
(a) Residence. No. Koch Missouri St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 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: Bessie Mulholland

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 19 1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
28	6	26	

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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Armstrong McAdams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: DanaDean Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: R Koch Hospital
(Address): Koch Missouri

15. FILED Mch. 17 1929 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 15 1929

17. I HEREBY CERTIFY, That I attended deceased from January 2, 1926, to March 15, 1929, that I last saw him alive on March 15, 1929, and that death occurred, on the date stated above, at 1:50 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 23A
Pulmonary Tuberculosis
Pul Tuberculosis

About 3 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum
(Signed) W W Darnell, M. D
3/15/29 (Address) Koch 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 F Marcus
DATE OF BURIAL: March 18 1929

20. UNDERTAKER: Allen W. McLaughlin
ADDRESS: 1631 Missouri

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.

APR 20 1950