

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

Do not use this space.

13650

**1. PLACE OF DEATH**

County Washington

Registration District No. 887

Township Boston

Primary Registration District No. 6179

City

(No. ....)

St. .... Ward)

File No. ....

Registered No. 30

**2. FULL NAME**

Jesse Adams

(a) Residence. No. .... St. .... 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**

male

**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)**

Mar. 15-29

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, 2 hrs. or     min.

0

0

0

**8. OCCUPATION OF DECEASED**

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

infant

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

   

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Mineral Point, Mo.

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Jack Adams

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

This Co

(STATE OR COUNTRY)

Mo

**12. MAIDEN NAME OF MOTHER**

Susan A. Wigger

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

This Co

(STATE OR COUNTRY)

Mo

**14.**

INFORMANT

Louis Fuchs

(Address)

Mineral Point, Mo

**15.**

FILED 3-16-1929

Jos. L. Thurman

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Mar. 15 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from

no physician, 19

that I last saw him alive on

19, and that death occurred, on the date stated above, at

4:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Strangulation

   

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. F. Thurman, M. D.

3-16-1929 (Address) Potosi, 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**

DATE OF BURIAL

New Diggings Ins

3-16 1929

**20. UNDERTAKER**

none

ADDRESS

WRITE PLAINLY, WITH UNFADING INK. THIS IS A VITAL RECORD. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAY 2 1929

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