

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

Do not use this space.

13986

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 469

Township St. Joseph Mo. No. 704

Primary Registration District No. 1001

Registered No. 469

City St. Joseph Mo. No. 704

Street South 8th

St. Ward

FULL NAME

Harvey B. Adams

(a) Residence No. 704 South 8th 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) ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 40 Unknown

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Miss Greene
Address 1609 1/2 South 8th

15. FILED 8 19 1929 REGISTRAR John E. Webb

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1929 to April 2, 1929
that I last saw him alive on April 2, 1929, and that death occurred, on the date stated above, at 11:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Alcoholic Poisoning

CONTRIBUTORY (SECONDARY) 66 B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

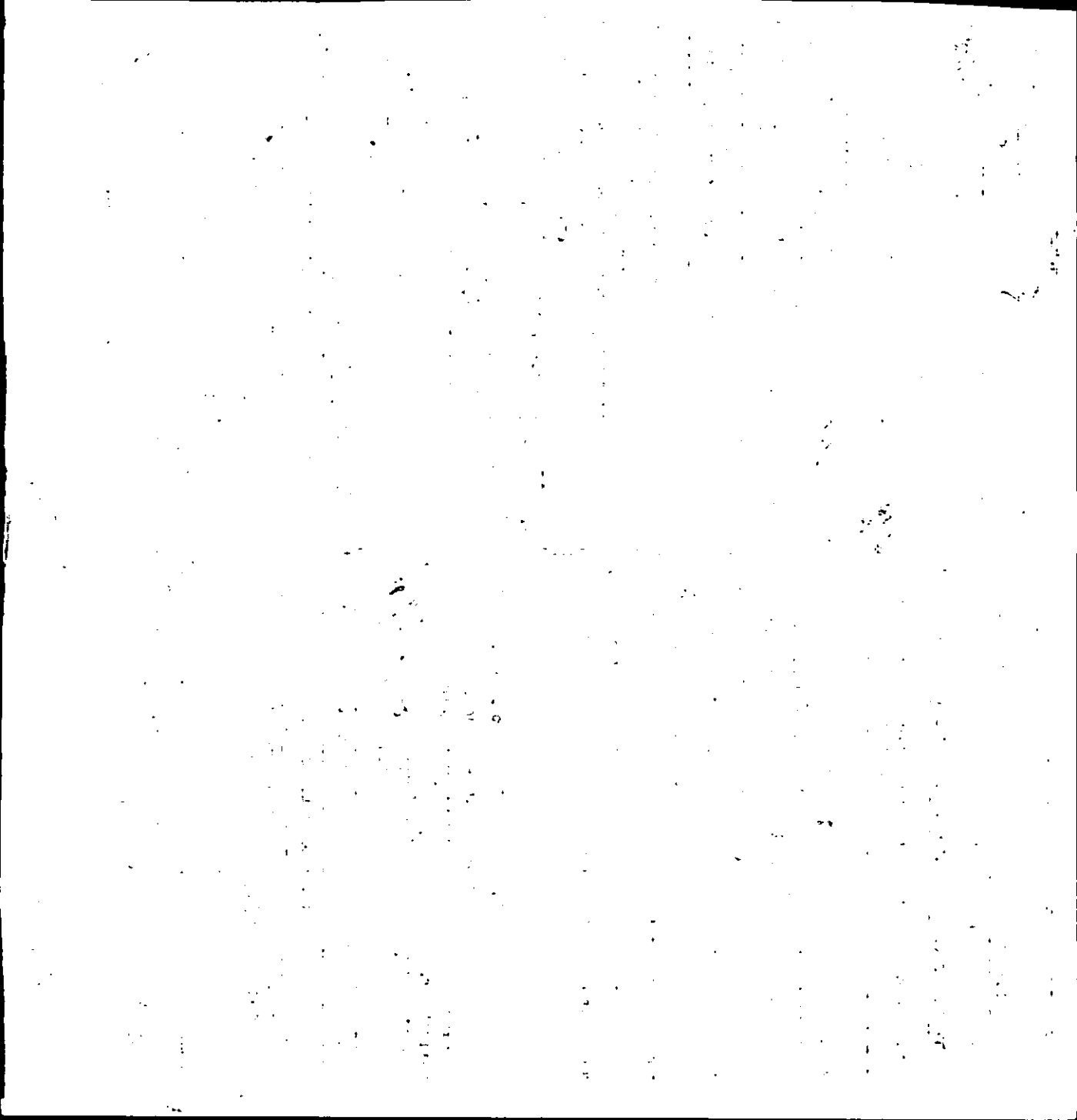
WHAT TEST CONFIRMED DIAGNOSIS Physical Expector
(Signed) J. P. Elliott M. D.

4-4, 1929 (Address) 824 Edmund

*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 Memorial Park DATE OF BURIAL April 8, 1929

20. UNDERTAKER Sheehan Funeral Home ADDRESS 1208 Francis



St. Joseph, Mo.
824 Edmond St.
Sept. 6, 1929

Dr. James A. Stewart,
Jefferson City, Mo.

Dear Doctor;-

Some time ago I wrote the Bureau of Vital Statistics concerning the correction of Certificate No. 469,

In the death certificate of Harry B. Adams, 704 So. 8th. St. St. Joseph, Mo. registered under death certificate No. 469, and whose death was April, 2, 1929 the name through an error was given wrong.

It should have been "Harvey B. Adams" instead of Harry B. Adams. I was attending him and was present at the time of his death. It is very important that we have this error corrected so that his estate may be settled, there being some insurance, this certificate is necessary.

I asked Mr. Utz, Secretary of our Local Board of Health what steps to take and he suggested that I write you and that you would probably send him a supplementary certificate for correction. I would be pleased to hear from you at your earliest convenience.

I am,

Faternally yours,

J. R. Elliott M.D.

1929

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