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

Do not use this space.

16010

File No. 4033

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. Mo. Pacific Hospital. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Allen H. Adams

(a) Residence. No. St., 17 Ward. Dupo Ill.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 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	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31/1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	8	3	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer ~~Mo. Pacific~~ M O P.

9. BIRTHPLACE (CITY OR TOWN) Aurora
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER A.C.Adams

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

12. MAIDEN NAME OF MOTHER Charolette Ratteu

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

14. INFORMANT Mrs. A. H. Adams
(Address) Dupo Ill

15. FILED 19 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1929

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 4 40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

131

93C

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous Nephritis

(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? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Hurley M.D.

4/5 1929 (Address) Deputy Coroner

*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 Dupo Ill.

DATE OF BURIAL April 7 1929

20. UNDERTAKER Dashner Und.

ADDRESS Dupo Ill

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2.