

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

Do not use this space.  
**21689**  
**2829**

**1. PLACE OF DEATH U.S.V. Hosp.**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City, Mo. (No. U.S.V. Veterans Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME Adams, Grover Cleveland**

(a) Residence, No. 2625 Forest Ave., St. 4 Ward Pvt Co I 41st Inf.  
(Usual place of abode) Kansas City, Mo. (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Divorced</b>
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6. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 12, 1888**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<b>40</b>	<b>8</b>	<b>16</b>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Gladstone,  
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Isaac Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Alice Howser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri.

14. INFORMANT Mrs. Alice Adams (mother)  
(Address) 132 N Quincy, Topeka, Kansas.

15. FILED 6/28/29 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 28 1929**

17. I HEREBY CERTIFY, That I attended deceased from June 20 1929 to June 28 1929 that I last saw him alive on June 28 1929, and that death occurred, on the date stated above, at 6:35 A.M. m.

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

**Nephritis, Interstitial, chr.**

131  
97/290  
(duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY **Arteriosclerosis, General**  
(SECONDARY)  
(duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Unknown

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam. & Laboratory

W. E. CHAMBERS, Medical Officer in Charge M. D.  
U.S.V. Hospital, Kansas City, 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 Newman Kansas DATE OF BURIAL July 2 1929

20. UNDERTAKER Joyner Funeral Home Inc ADDRESS 2138 Euclid  
By W. James Bunker

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

U. S. H.—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.

JAN 10 1949