

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

Do not use this space.

23724

AUG 22 1929

1. PLACE OF DEATH

County Richman
Towship Currie
City _____ (No. _____)

Registration District No. 912
Primary Registration District No. 623212

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 7 mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State).

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy E. Adelson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-10-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 7 3

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Barnett
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Henry King

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

12. MAIDEN NAME OF MOTHER Amelia Gilbert

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

14. INFORMANT Joseph L. Adelson
(Address) Vandalia Mo.

15. FILED 7/15 1929 Mollie Fugate
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1929

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1929, to July 13, 1929, and that I last saw him alive on July 13, 1929, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary edema
8:10
11:10

CONTRIBUTORY (SECONDARY) Sclerosis of Cor
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Ill
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) A. H. Band, M. D.

, 1929 (Address) Vandalia

*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

Vandalia Mo 7 14 1929

20. UNDERTAKER ADDRESS

W. S. Vraton Vandalia

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.

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