

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

Do not use this space.

23900

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph,

Registration District No. _____
Primary Registration District No. 1001
(No. Missouri Methodist Hospital St. _____ Ward)

File No. _____
Registered No. 885

2. FULL NAME Andrew E. Adamson,

(a) Residence. No. _____ St. _____ Ward. Hamburg, Iowa.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl May Adamson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 4

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) Hamburg,
(STATE OR COUNTRY) Iowa,

10. NAME OF FATHER John Adamson,

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 O. E. Johnson
(Address) Hamburg, Iowa.

15. FILED 26 1929 John G. Galt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1929

17. I HEREBY CERTIFY That I attended deceased from July 17, 1929 to July 25, 1929
that I last saw him alive on July 19, 1929, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

70A
Purpura Hemorrhagica
(duration) yrs. mos. 17 da.

CONTRIBUTORY (SECONDARY)

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Chills & sweating

(Signed) W. H. H. H. M. D.

7/25, 1929 (Address) 307 W. 8th St.

*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 Hamburg, Iowa, via auto DATE OF BURIAL July 28, 1929

20. UNDERTAKER Horton-Bellevue-Bowman ADDRESS 319 S. 10 St.
Funeral Home

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 22 1929

