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

Do not use this space.

8755

File No.
Registered No. 1330
1 1 30

1. PLACE OF DEATH
County: Jackson
Township: Kan
City: Kansas City (No. 1617 Euclid ave of AC St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: John Adams
(a) Residence. No. 1617 Euclid av of A.C. St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Jennie Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 1st 1872

7. AGE: Years 58 | Months | Days 12 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Ark

PARENTS
10. NAME OF FATHER: Wash Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Harriet Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn

14. INFORMANT: Wm Adams
(Address): 2509 East 20th St

15. FILED 3/14, 1930 M. M. Grave
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-13 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-20-, 1929, to 3-13-, 1930, that I last saw him alive on 3-13-, 1930 and that death occurred, on the date stated above, at 5 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
62 B
1 6 5 (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? no
3/14, 1930 (Signed) [illegible] M.D.
(Address) 2200 E 18th 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: Blue Ridge Lawn
DATE OF BURIAL: Mar 17 1930
20. UNDERTAKER: A. Brown
ADDRESS: 1518 E. 18th

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.

THIS IS A PERMANENT RECORD

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