

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.

M I S S O U R I STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18173

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Mo Baptist Hospital**) St. Ward)

2. FULL NAME

(a) Residence. No. **R.R. Adams** St. **12** Ward. **Belgrade Mo.**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. Home in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Lucy Adams**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 24 18 42**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 9 5

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

9. BIRTHPLACE (CITY OR TOWN) **Belle Glade**
(STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **John C Adams**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Tennessee**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY)

14. INFORMANT **Armond Adams**
(Address) **Belgrade Mo.**

15. FILED **JUN 1 1930** **Ray C. Starnes** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 29 1930**
17. I HEREBY CERTIFY, That I attended deceased from **4-27-1929** to **5-29-1930** that I last saw him alive on **5-29-1930** and that death occurred, on the date stated above, at **5:30 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
107A
16 2 2 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **Senile Dementia**
(duration) yrs. **12** mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH **107A**

19. DID AN OPERATION PRECEDE DEATH DATE OF _____
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Physical examination**
(Signed) **M. W. Linfells, M. D.**
5/29/1930 (Address) **Wall Bldg. St. Louis 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 **Belgrade, Mo.** DATE OF BURIAL **6/1 1930**

20. UNDERTAKER **N. R. White & Son** ADDRESS **Clinton Mo**

