

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.

AUG 20 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21940

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St Joseph(No. State Hospital #2)

File No.

Registered No. 765

St.

Ward)

2. FULL NAME Deary Adams(a) Residence. No. 813 Richardson St Joseph Mo.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 8 ds.

How long 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

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

Virginia Adams

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

January 19, 1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

32613

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Hotel Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St Joseph

(STATE OR COUNTRY)

Missouri

PARENTS

10. NAME OF FATHER

James Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St Joseph

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Susan Mencer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Chillicothe

(STATE OR COUNTRY)

Missouri

14.

INFORMANT Virginia Adams

(Address)

15.

FILED 5 19 1930

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

July 2nd 1930

17.

HEREBY CERTIFY, That I attended deceased from June 24, 1930, to July 2nd, 1930 that I last saw him alive on July 2nd, 1930, and that death occurred, on the date stated above, at 4 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis of Insane.8324

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Syphilis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

Clinical & Laboratory(Signed) J. P. Bunch

M. D.

7/2/1930 (Address) State Hospital #2

*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

Ashland CemeteryJuly 5 1930

20. UNDERTAKER

ADDRESS

H. L. Sidenfader1802 Union St

