

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.

OCT 28 1930

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

Do not use this space.

29174

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township _____

Primary Registration District No. 1001

City St. Joseph,

(No. 4005 Terrace Avenue,

File No. _____

Registered No. 10224

St. _____ Ward _____

2. FULL NAME William Thomas Adams,

(a) Residence. No. 4005 Terrace Ave. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Etta B. Adams,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1884

7. AGE

YEARS

MONTHS

DAYS

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

46

3

4

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer C.B. & Q. Ry. Co.

9. BIRTHPLACE (CITY OR TOWN) Van Alstyne,
(STATE OR COUNTRY) Texas,

10. NAME OF FATHER William Adams,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

12. MAIDEN NAME OF MOTHER Frances Boyd,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Naples,
(STATE OR COUNTRY) Texas,

14. INFORMANT Mrs. Wm J. Adams
(Address) 4005 Terrace Avenue,

15. John G. W.
FILED 15 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

72A

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IS NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS History

(Signature) B. W. Tadlock (Address) 821 Francis
9/13, 1930 M. D.

*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

Mount Auburn Cemetery Sept. 16, 1930.

20. UNDERTAKER ADDRESS

Heaton-Bellevue-Powers 319 S. 10 St.

Funeral Home

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