

OCT 28 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

85

29203

1. PLACE OF DEATH

County BuchananRegistration District No. 1001

Township

Primary Registration District No.

City St. Joseph, Mo. (No. 908 North 18th)File No. 1655

Registered No.

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 908 North 18th St. _____ Ward _____

(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. 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

Mary Elizabeth Adams

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

January 11, 1847

7. AGE

YEARS

MONTHS

DAYS

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

83811

8. OCCUPATION OF DECEASED

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

Retired

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

Contractor

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Adamsville,

(STATE OR COUNTRY)

Michigan

10. NAME OF FATHER

Moss Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Virginia

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Anna Wiley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Michigan

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

FILED

24 1930

St. Joseph, Missouri

John G. Ely

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22, 193017. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1930 to Sept 21, 1930, 1930 that I last saw deceased alive on Sept 21, 1930, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Anterior - Myocardial
97
137(duration) Many yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Enlarged prostate(duration) Many yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

O DID AN OPERATION PRECEDE DEATH? No DATE OF -WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Samuel Winters M.D.Sept 23, 1930 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or if 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

CashlandSept 25, 1930

20. UNDERTAKER

ADDRESS

Fleeman Funeral Home1946 Calhoun

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.

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