

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

Do not use this space.

25074

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township West Primary Registration District No. 1002
 City Kansas City (No. 2317 Olive)

File No. 307-16
 Registered No. 30710
 St. _____ Ward _____

2. FULL NAME

William M. Adow
 (a) Residence No. 2317 Olive St. 11 Ward _____

(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 M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Night Watchman
 (b) General nature of industry, business, or establishment in which employed (or employer) Jenkins Music Co
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Martha Cook

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

14. INFORMANT Maggie M. Adow
 (Address) 2317 Olive

15. FILED July 15, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12-1931

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1931 to July 12, 1931 that I last saw him alive on July 12, 1931 and that death occurred on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Regurgitation of Food
42 H
127 (duration) yrs. 2 mos. ds.
 CONTRIBUTORY (SECONDARY) Nephritis Acute
 (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS 300

(Signed) M. M. Crowe M. D.

7/13, 1931 (Address) 225 E. 24th St 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 Highland DATE OF BURIAL 7/15 1931

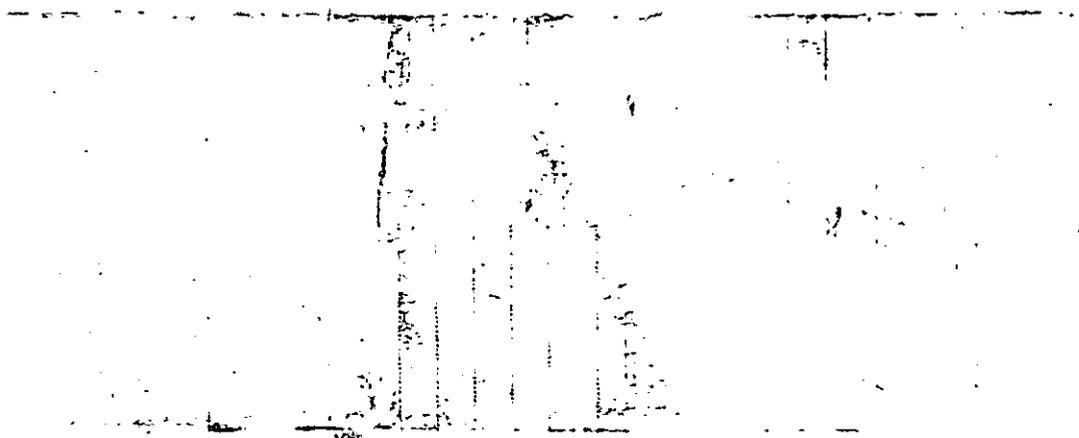
20. UNDERTAKER Hatkin Bros ADDRESS 1729 Lydia

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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