

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

Do not use this space.

9952

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 790  
 2 Township Central Primary Registration District No. 6033  
 7 City Clayton (No. St. Louis Co. Hosp -) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Joseph Adams  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Mo  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 6 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 19 - 1929

7. AGE YEARS 2 MONTHS 5 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.   
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Sherman, Mo (STATE OR COUNTRY)

FATHER  
 13. NAME Melvin Adams  
 14. BIRTHPLACE (CITY OR TOWN) Norman, Mo (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Armita Abbit  
 16. BIRTHPLACE (CITY OR TOWN) Candon Co. Mo (STATE OR COUNTRY)

17. INFORMANT Willet Adams (ADDRESS) Sherman, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ray Cem Sherman Mo DATE Mar 9 - 1932

19. UNDERTAKER Schreyer Luth. Co (ADDRESS) Bathurn, Mo

20. FILED Mar. 9 1932 R.W. Sullivan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 7 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 2.27, 1932, to 3.7, 1932. I last saw h.l.w. alive on 3.7, 1932. Death is said to have occurred on the date stated above, at 4:45 p.m. The principal cause of death and related causes of importance were as follows:  
Meningitis, tubercular  
Pulmonary tuberculosis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
(D)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. O. P. Haupt per Dr. B. Harris M. D.  
 (Address) St. Louis Co. Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 25 1932

1932-9-24  
3.6.22