

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

Do not use this space.

11319

**1. PLACE OF DEATH**

105 County Sullivan  
Township Jackson  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 852  
Primary Registration District No. 6124

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

John Eugene Adlesperger  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 50 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 Magilla Adlesperger  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16, 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 5 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer 31  
(b) General nature of industry, business, or establishment in which employed (or employer) 82  
(c) Name of employer 36

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

Sullivan Co., Missouri  
10. NAME OF FATHER Caleb Adlesperger  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
12. MAIDEN NAME OF MOTHER Ellen A. Cochran  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Vermont

14. INFORMANT Mrs. Jno. E. Adlesperger  
(Address) Pollock, Mo.

15. FILED 3/28 1932 Mayme Caffee  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 2 1932 to Mar 24 1932  
(that I last saw him alive on Mar. 10 1932, and that death occurred, on the date stated above, at 11:30 p. m.)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Nephritis and Paralysis.  
(duration) 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Syphilitic & Pyemia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & chemical  
(Signed) J. C. Roberts, M. D.

(Address) Pollock, 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**

Plain View, Mo. DATE OF BURIAL Mar. 26 1932

**20. UNDERTAKER**

C. A. Schoene ADDRESS Mulan, Mo.

APR 30 1932

CAUSE OF DEATH IN plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

