

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.

AUG 22 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22096

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph, Mo.(No. 610 Hardin)

File No.

Registered No. 677

St.

Ward)

2. FULL NAME

(a) Residence, No. 610 Hardin

(Usual place of abode)

St.

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLucinda Adams

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

March 8, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.7444

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired9. 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

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Joseph,
Missouri

13. NAME

John Adams14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Missouri

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Unknown17. INFORMANT
(ADDRESS)Orville M. Adams
St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE AshlandDATE July 14, 193219. UNDERTAKER
(ADDRESS)Freeman Funeral Home
St. Joseph, Mo.

20. FILED

JUL 13 1932John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 12, 1932

22. I HEREBY CERTIFY, that I attended deceased from

July 10, 1932 to July 12, 1932last saw live on July 12, 1932 Death is saidto have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

acute endocarditis

Date of onset

July 11, 1932

Other contributory causes of importance:

acute pleurisy

Name of operation

noWhat 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 July 12, 1932Where 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? no

If so, specify

(Signed)

B. W. MacChesney M. D.

(Address)

Pr. S. B. B.

