

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

Do not use this space.

✓ 27549

1. PLACE OF DEATH
 County St. Louis Registration District No. 791
 Township _____ Primary Registration District No. 17 X 16 B
 City St. Louis No (No. _____), Missouri Pacific Hospital Ward _____

2. FULL NAME Augustus Monroe Adams
 (a) Residence, No. _____ St. 17 Ward. Marion, Illinois
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Adams</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 7, 1858</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>9</u>	DAYS <u>-2-</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mo. Pacific R.R.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 1929</u>		11. Total time (years) spent in this occupation <u>50</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton, Illinois</u>				
FATHER	13. NAME <u>Joseph M. Adams</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
MOTHER	15. MAIDEN NAME <u>Eliza Murphy</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
17. INFORMANT (ADDRESS) <u>Mrs. C. G. Debar</u> <u>631 N. 74th St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East St. Louis, Ill.</u> DATE <u>Aug. 10, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>St. Kuruzak</u> <u>East St. Louis, Illinois</u>				
20. FILED <u>AUG 10 1932</u> <u>May C. Stankley</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1932

2. I HEREBY CERTIFY, That I attended deceased from July 10, 1932, to Aug 9, 1932
 I last saw him alive on Aug 9, 1932 Death is said to have occurred on the date stated above, at 9:45 m.
 The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis
93
 Other contributory causes of importance:
73
1

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify _____

(Signed) Mo. Pac. Hosp., M. D.
 (Address) _____

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.

