

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

Do not use this space.

28518

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. Missouri Methodist Hospital)

File No.

Registered No. 878

St. Ward

2. FULL NAME

George Adams

(a) Residence, No. 403 Michigan St.

St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds.

How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 17, 1928</u>		
7. AGE YEARS <u>4</u>	MONTHS <u>4</u>	DAYS <u>24</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>None.</u>
	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) Dodson, Mo.
(STATE OR COUNTRY)

13. NAME Lee Roy Adams

14. BIRTHPLACE (CITY OR TOWN) Hart Co., Ky.
(STATE OR COUNTRY)

15. MAIDEN NAME Frances Fern Sage

16. BIRTHPLACE (CITY OR TOWN) Belton, Mo.
(STATE OR COUNTRY)

17. INFORMANT Lee Roy Adams
(ADDRESS) 430 Michigan St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Sept. 12, 1932

19. UNDERTAKER Walter McInnis
(ADDRESS) 1302 Parson St. St. Joseph, Mo.

20. FILED 9-12, 1932 John R. Bond
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw h. im alive on 19..... Death is said

to have occurred on the date stated above, at 5.00 A.M.

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

Perforation of Intestine Date of onset Sept. 10

1234

Other contributory causes of importance:

Zyphoid fever Aug. 1, 32

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

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? Yes

If so, specify

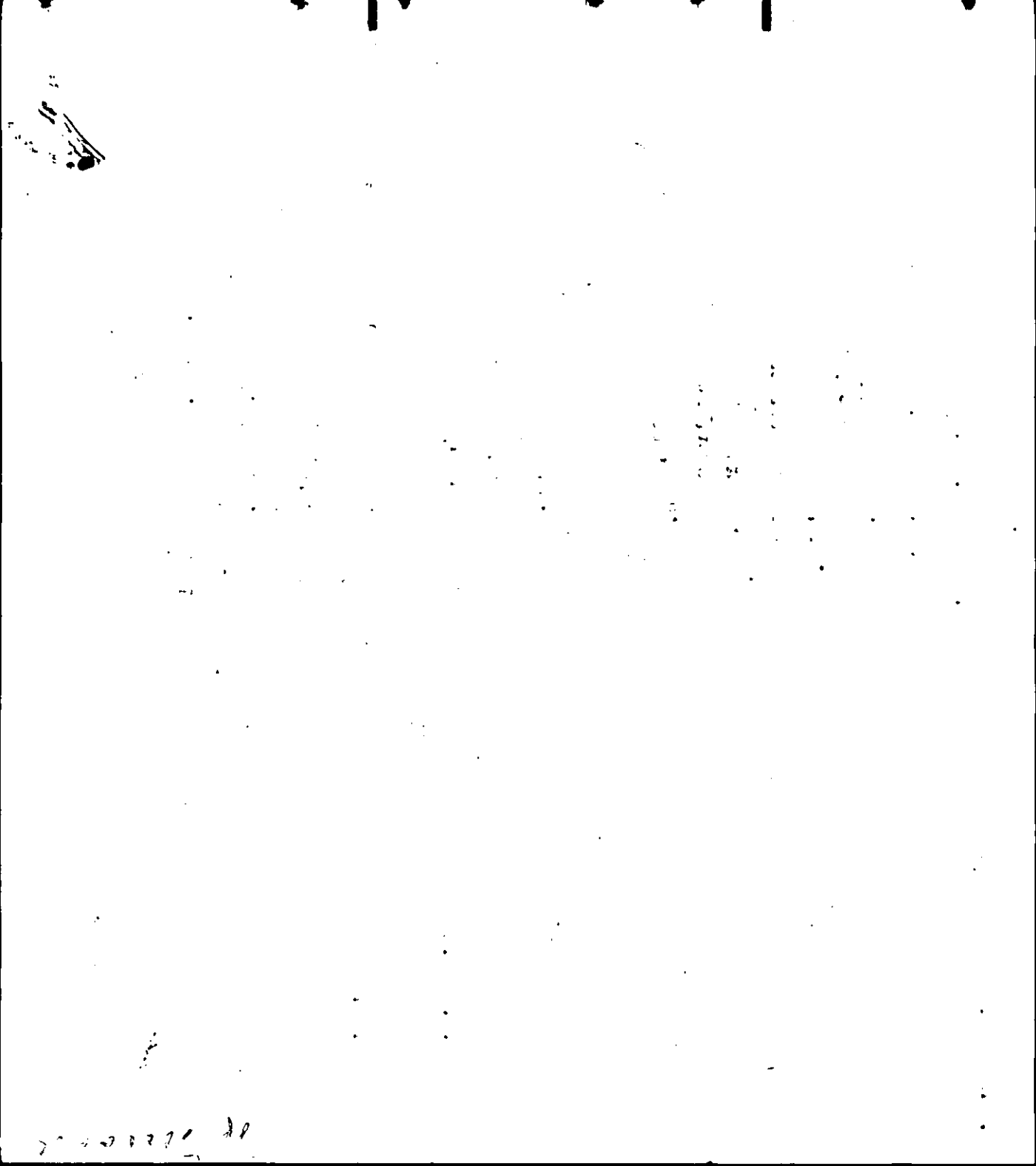
(Signed) W. Roy Moore, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo.

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.

OCT 24 1932



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