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.

NOV 2 3 1932

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

Do not use this space.

32089

1. PLACE OF DEATH
44 County Holt — Registration District No. 373 — File No.
6 Township ~~Lewis~~ — Primary Registration District No. 4219 — Registered No. 14
City Oregon (No. ..... St. ..... Ward)
6

2. FULL NAME John Adolph
(a) Residence, No. Forest City, Mo. St. R.F.D. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 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): Divorced

5A. IF ~~MARRIED, WIDOWED, OR~~ DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Elizabeth G. Adolph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-22-68

7. AGE: YEARS 63 — MONTHS 10 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmwork
10. Date deceased last worked at this occupation (month and year) 10-32
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Mo. 1

FATHER
13. NAME George Adolph
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Baden Germany 10

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Joshua Adolph Oregon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Grove Cem DATE 10-26 1932

19. UNDERTAKER (ADDRESS) L. V. Lehner Oregon, Mo.

20. FILED 10-26 1932 J. M. Chandler Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1929, to Oct 25, 1932
I last saw him alive on Oct 24, 1932. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1928
131	
137	
131	
Other contributory causes of importance:	
Enlarged prostate	1928

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical. Was there an autopsy? No

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? No
If so, specify .....
(Signed) J. M. Chandler, M. D.
(Address) Oregon, Mo.