

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.

JAN 21 1933

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. 1438 No. 13th. St.)File No. 38449Registered No. 1162

St. _____ Ward)

2. FULL NAME

George Thomas Adams(a) Residence, No. 1438 No. 13th.

St. _____

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 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>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFLillie M. Adams

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

Jan. 18, 1881

7. AGE

YEARS

51

MONTHS

10

DAYS

14If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Restaurant & Soft9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Drink Proprietor,
Retired 1 yr.10. Date deceased last worked at
this occupation (month and
year) 193111. Total time (years)
spent in this
occupation 2012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Joseph, Mo.

MOTHER FATHER

13. NAME

William Henry Adams14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Richmond, Mo.

15. MAIDEN NAME

Nancy Jane Sollars16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Joseph, Mo.17. INFORMANT
(ADDRESS)Mrs. Lillie M. Adams
1438 No. 13th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE Dec. 5, 193219. UNDERTAKER
(ADDRESS)1302 Parson St. St. Joseph, Mo.20. FILED 12 5 1932John R. Bender

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Dec. 2, 1932 Death is saidto have occurred on the date stated above, at 3:15 P.M.

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

Fulminating
Myocardial Infarction
1932
Cardiac Insufficiency
Sudden

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury _____Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury HomeNature of injury Home

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John R. Bender(Address) 1908 Vessanie St. St. Joseph, Mo.

