

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township St. Joseph

Primary Registration District No. State Hospital #2

City St. Joseph (No. State Hospital #2)

38577

File No.

Registered No. 1200

St. Jackson Co. Mo Ward

2. FULL NAME

(a) Residence, No. State Hospital #2

(Usual place of abode)

Ward.

Length of residence in city or town where death occurred 7 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 DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

unknown

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

Feb 2, 1856

7. AGE

YEARS

MONTHS

DAYS

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

76

10

22

OCCUPATION

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

Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

100B

10. Date deceased last worked at this occupation (month and year)

103B

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monmouth, Ill

FATHER

13. NAME

John A. Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky

15. MAIDEN NAME

Christie Ann Riley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky

17. INFORMANT (ADDRESS)

Regina J. Stille, Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Crematorium 12/28/32

19. UNDERTAKER (ADDRESS)

Stingberg, St. Joseph, Mo.

20. FILED

DEC 27 1932

John R. Bender

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 10, 1932, to Dec 24, 1932

I last saw him alive on Dec 24, 1932 Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Date of onset

Cholelithiasis
Memorandum from physician
Varix

Name of operation

Date of

What 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, 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

No

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

If so, specify

(Signed) W. Clayton Smith, M. D.

(Address) St. Joseph #2

JAN 21 1933

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.

