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.

4146 Warwick

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

Do not use this space.

39566

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2622 Garfield Ave. St. Ward)

File No. 4568
Registered No.

2. FULL NAME James Spencer Adsit
(a) Residence, No. 2622 Garfield Ave. St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 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 Mrs. Anna May Adsit
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1866
7. AGE: 66 YEARS, 6 MONTHS, 17 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General South Western
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent C. M. St. Paul & Pac. R. R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 96

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

FATHER
13. NAME Silas Dennison Adsit
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Josephine Spencer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs. Anna May Adsit
(ADDRESS) 2622 Garfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph, Mo. DATE 12-6- 1932

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED Dec 4, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to Dec 3, 1932
I last saw him alive on Dec 3, 1932. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic
Nephritis Chronic
Arterio sclerosis

Date of onset

131

Other contributory causes of importance:
131
930
97
①

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 .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) S. A. Revelle, M. D.
(Address) 1410 Bryant Bldg

4146 Warwick
Cace Dr. Hewitt.
9[illegible] Sun.