

JAN 24 1933

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

Do not use this space.

1. PLACE OF DEATH

County *Jefferson*
Township *Madison*
City *St. Louis* (No. *421*)

Registration District No. *421*
Primary Registration District No. *5573*

File No. *40308*
Registered No. *93*
St. *St. Louis* Ward *9*

2. FULL NAME

Levis E. Adams

(a) Residence. No. *St. Louis* Ward *9*
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M.</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Widow</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct. 14th 1846</i>		
7. AGE <i>86</i>	YEARS <i>2</i>	MONTHS <i>9</i>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

Sandy, Mo.

10. NAME OF FATHER

Joe Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

12. MAIDEN NAME OF MOTHER

Ellen Moss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Oliver L. Leanne & Beverly Mo.

15.

FILED

12/24/32

J. E. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *19*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 12, 1932* to *Dec 23, 1932*
that I last saw *him* alive on *Dec 21st 1932*, and that death occurred, on the date stated above, at *7:15 P. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterial Sclerosis
930 + Myocarditis
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

162 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *M. D.*
Dec 14, 1932 (Address) *St. Louis, Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Sandy Cemetery

DATE OF BURIAL

Dec. 26 1932

20. UNDERTAKER

Fred Heiligtag

ADDRESS

St. Louis, Mo. R. 43

