

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

Do not use this space.

570

1. PLACE OF DEATH

County Cass Registration District No. 154
Township Cass Index Primary Registration District No. 5
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 56 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 Susan Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 - 1855
7. AGE YEARS 77 MONTHS 2 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) to date 11. Total time (years) spent in this occupation 56 1/2
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
13. NAME William Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Elizabeth Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) E. H. Shuler
18. BURIAL, CREMATION, OR REMOVAL PLACE MT Moriah, K.C.Mo. DATE Jan 12 1933
19. UNDERTAKER (ADDRESS) A. J. Hartzler
East 12th St. Mo.
20. FILED Jan - 15 - 1933 Frank B. Ellis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to Jan 10 1933
I last saw him alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Jan 10/33
8:11 PM
J. J. A.
Other contributory causes of importance:
Name of operation None Date of _____
Was there a post-mortem examination? Yes Was an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury _____
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? None
If so, specify _____
(Signed) Edw. G. Steph M. D.
(Address) Garden City Mo.

WHITE 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.

