

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.

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

Do not use this space.

19354

1. PLACE OF DEATH

County Independence Registration District No. 288
Township Independence Primary Registration District No. 4172
City Independence (No. 1)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 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 Marie Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mt Ida Ark

13. NAME Leo Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co Mo

15. MAIDEN NAME Sarah Hake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Mo

17. INFORMANT (ADDRESS) John H. Harrison
Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory DATE July 1 1933

19. UNDERTAKER (ADDRESS) County

20. FILED July 6 1933 Whelan Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1938

22. I HEREBY CERTIFY That I attended deceased from June 16 1933 to June 30 1933

I last saw him alive on June 26 1933 Death is said

to have occurred on the date stated above, at _____ m.

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

Typhoid fever Date of onset June 10

Other contributory causes of importance

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? Yes

If so, specify _____

(Signed) L. C. Bruneel M. D.

(Address) Kennett, Mo