

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.

40958

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 664Township ElizabethtonPrimary Registration District No. 5883City St. Louis (No. 1)St. 1 Ward 1

## 2. FULL NAME

(a) Residence, No. La Monte, Mo. R-2 St. 1 Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFMary Adams

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

July 28 - 1866

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.6748

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farmer9. 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)Mo

## MOTHER FATHER

## 13. NAME

George Adams14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Michigan

## 15. MAIDEN NAME

Jane M. Deermuth16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Michigan17. INFORMANT  
(ADDRESS)Mrs. James P. Deermuth

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE La Monte DATE 12 17 193319. UNDERTAKER  
(ADDRESS)B. J. Vacker  
La Monte Mo.

## 20. FILED

Dec 7 1933 C. R. Shelby Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Dec 6 1933

## 22. I HEREBY CERTIFY, That I attended deceased from

Dec 6 1933, to Dec 6 1933I last saw him alive on Dec 6 1933. Death is saidto have occurred on the date stated above, at 1:30 p.m.

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

Date of onset

Apoplexy 12-6-33

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

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) W. E. Walker, M. D.(Address) La Monte Mo

