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.

JAN 26 1934

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

Do not use this space.

41536

PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

File No. .....

Registered No. 10555

City St. Louis, Mo (No. City Sanitarium St. ..... Ward)

2. FULL NAME George Adams

(a) Residence, No. 2514 N. 9th St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 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: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 14. 1882

7. AGE: About 51 YEARS; MONTHS: 7; DAYS: 24; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warrenton Missouri

FATHER

13. NAME: James Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown "

MOTHER

15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Orr Mullinax M. D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE: Friedens Cem. DATE: Dec 11, 1933

19. UNDERTAKER (ADDRESS): Hy Leidner Mud Co 1417 N. Market St.

20. FILED: DEC - 8 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12 - 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to 12 - 7, 1933

I last saw him alive on 12 - 7, 1933. Death is said to have occurred on the date stated above, at 11 20 a. m.

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

	Date of onset
54 D	
107 A	
Broncho Pneumonia	12-5-33
Other contributory causes of importance:	
Brain Tumor (non Malignant)	July 27-31

550

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

What test confirmed diagnosis? Clinical & autopsy Was there an autopsy? Yes

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? (Mullinax)

If so, specify .....

(Signed) Orr Mullinax, M. D.

(Address) 5400 Arsenal