

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.

1. PLACE OF DEATH

County Buchanan

Registration District No. 35

Township St. Joseph

Primary Registration District No. 1

City St. Joseph

(No. Missouri Methodist Hospital St. Redding, Iowa Ward)

2. FULL NAME

(a) Residence, No. George W. Adair

St. Redding, Iowa

Ward. Redding, Iowa

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 21 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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Olive Adair

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

Dec. 19-1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

4

12

OCCUPATION

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

farmer

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)

March, 1934

11. Total time (years) spent in this occupation

64 yrs.

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

Mahaska Iowa

MOTHER FATHER

13. NAME

David Adair

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

unknown unknown

15. MAIDEN NAME

unknown

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

unknown unknown

17. INFORMANT (ADDRESS)

Miss Alta Adair Redding, Iowa.

18. BURIAL, CREMATION, OR REMOVAL

PLACE mt Agr, Iowa

DATE May 3

1934

19. UNDERTAKER (ADDRESS)

Heaton Be Gale + Bowman St. Joseph Mo

20. FILED

5-2

1934

John R. Bender

Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10 1934 to 5/1 1934

I last saw him alive on 5/1 1934 Death is said

to have occurred on the date stated above, at 6:45 p.m.

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

Chronic Myocarditis Date of onset

hypertrophy of prostate gland

Other contributory causes of importance

Prostatic Neoplasm Date of 4/30/34

Name of operation Prostatectomy Date of 4/30/34

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? no

If so, specify Chronic Myocarditis

(Signed) P. S. J. J. J. M. D.

(Address) St. Joseph Mo

