

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.

5771

1. PLACE OF DEATH

County GasperRegistration District No. 411Township JeffersonPrimary Registration District No. 2003City Jefferson (No. 1508 E. 5th)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1508 E. 5th 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

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 OF Mrs. Tilda Adams

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

April 28 1862

7. AGE

YEARS

MONTHS

DATE

If LESS than 1

7210unknown

day, _____ hrs. _____

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. 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)

Dep. Mo.

MOTHER FATHER

13. NAME

No record Adams

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

No record

15. MAIDEN NAME

No record

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

No record

17. INFORMANT

(ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest HillDATE 2-26-35

19. UNDERTAKER

(ADDRESS) Quilley & Sons

20. FILED

2-26-35Ed. James

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-1935

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 19th 1935 to Feb. 19th 1935I last saw him alive on Feb. 19th 1935. Death is saidto have occurred on the date stated above, at 5:30 a.m.

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

SclerosisArteriosclerosisOther contributory causes of importance: noneName of operation none Date of _____What test confirmed diagnosis? Clinical. Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 _____

(Signed) A. J. Winchester, M. D.(Address) Jefferson, Mo.

