

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.

JUL 18 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19027

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. Joseph, Mo.Primary Registration District No. 1001City St. Joseph, Mo. (No. 1001)File No. 652Registered No. 6522. FULL NAME John Adair(a) Residence, No. 701 PowellSt. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>69</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Welfare</u>
	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) Unknown
(STATE OR COUNTRY) Id.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown17. INFORMANT Records, Welfare Board
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 6/19/35, 19.19. UNDERTAKER FLEEMAN MORTUARY, INC.
(ADDRESS)20. FILED 6-18-35 19 35 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 19 35

22. I HEREBY CERTIFY, That I attended deceased from

June 14, 19 35, to June 18, 19 35I last saw him alive on 6-18, 19 35. Death is saidto have occurred on the date stated above, at 4 a.m.

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

Heart disease Arteriosclerosis
Coronary atherosclerosis
Coronary thrombosis

Other contributory causes of importance:

MyocarditisName of operation None Date of NoneWhat test confirmed diagnosis? Findings Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury None, 19.Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) W. H. B. B., M. D.(Address) 301 P. S. Bldg.

