

JUL 2 2 1935

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

Do not use this space.

19850

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Kan Primary Registration District No. 1002
City Kansas City (No. K C General Hosp) St. _____ Ward _____

File No. 2423
Registered No. 2423
St. _____ Ward _____

2. FULL NAME

Stanley Adamson
(a) Residence, No. 6616 Indep Ave Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1886

7. AGE YEARS 49 MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheffield Steel

10. Date deceased last worked at this occupation (month and year) March 11. Total time (years) spent in this occupation _____

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

13. NAME Stanley Adamson

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

15. MAIDEN NAME Ada Clark

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

17. INFORMANT (ADDRESS) Reva Clark K C General Hosp K C Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 6-19 1935

19. UNDERTAKER (ADDRESS) Sheel Funeral Hse 6606 Indep Ave

20. FILED 6-19-1935 M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-8 1935 to 6-16 1935

I last saw him alive on 6-16 1935 Death is said to have occurred on the date stated above, at 7:15 AM

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

Perniciou anemia
Thrombosis of hepatic veins
Date of onset _____

Other contributory causes of importance:
Bronchopneumonia
Empyema

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1935

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) [Signature] M. P.

(Address) K C General Hosp K C Mo

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.

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