

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.

13 1936

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

Do not use this space.

1. PLACE OF DEATH

County: _____ Registration District No. **791**
Township: _____ Primary Registration District No. **1008**
City: **St. Louis Mo.** (No. **City Hospital No. 2**)

41628
File No. _____
Registered No. **10872**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **514-3-2nd** Ward **22**
(Usual place of abode)

Length of residence in city or town where death occurred **1 1/2** 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 Negro	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (last name) Jessie Adams		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1867		
7. AGE YEARS 68	MONTHS 5	DAYS 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Barber
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
13. NAME Frank Adams		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.		
15. MAIDEN NAME Mary Clinton		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.		
17. INFORMANT (ADDRESS) Dr. J. B. Harrison		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec. 24 1935		
19. UNDERTAKER (ADDRESS) J. J. Harrison		
20. FILED DEC 23 1935 J. T. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 17 1935**

22. I HEREBY CERTIFY, That I attended deceased from **12-10-1935**, to **12-17-1935**
I last saw him alive on **12-12-1935**. Death is said to have occurred on the date stated above, at **2:35 A.M.**
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Heart Disease
Other contributory causes of importance: **95 lb**

Name of operation _____ Date of _____
What test confirmed diagnosis? **Chem. cal.** Was there an autopsy? **No.**

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?
If so, specify _____
(Signed) **James B. Harrison** M. D.
(Address) **City Hospital #2**

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