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

FEB 17 1936

Do not use this space.

229

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 10[illegible]
City St. Joseph (No. Missouri Methodist Hospital St. Ward)

File No.
Registered No. 27

2. FULL NAME Adam Poe Dittemore

(a) Residence, No. St., Ward. DeKalb Missouri
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1859.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	5	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan County Kansas

FATHER
13. NAME Calvin Dittemore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

MOTHER
15. MAIDEN NAME Adeline Sandy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Eldon W. Dittemore
(ADDRESS) DeKalb Missouri

18. BURIAL, CREMATION, OR REMOVAL Bethel Cemetery
PLACE DeKalb Missouri DATE January 10 1936

19. UNDERTAKER H. C. Sidenfaden
(ADDRESS) 1802 Union Str. St. Joseph Mo.

20. FILED 1-9- 1936 John M Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Jan 7, 1936
I last saw him alive on Jan 7, 1936. Death is said to have occurred on the date stated above, at 6:15P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12/26/35

Other contributory causes of importance:

Cardiac failure due to Toxic myocarditis	1/7/36

Name of operation None Date of
What test confirmed diagnosis? Clinical 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. Thompson Jr. M. D.
(Address) 825 Charles St Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD