

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.

SEP 18 1936

## 1. PLACE OF DEATH

County BuchananTownship WashingtonCity St. JosephRegistration District No. 86Primary Registration District No. 5129(No. 2300)HuntoonFile No. 30030Registered No. 62

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

John Harvey Adams,(a) Residence, No. 2300

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married,5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFArtie Adams,

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

March 10, 1855

7. AGE

YEARS

81

MONTHS

4

DAYS

29IF LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farmer9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.Farm,10. Date deceased last worked at  
this occupation (month and  
year) August 193611. Total time (years)  
spent in this  
occupation. 4012. BIRTHPLACE (CITY OR TOWN).  
(STATE OR COUNTRY)Unknown,  
Kentucky

MOTHER

13. NAME

Jesse Adams,14. BIRTHPLACE (CITY OR TOWN).  
(STATE OR COUNTRY)Unknown,  
Kentucky

15. MAIDEN NAME

Evelyn Baker,16. BIRTHPLACE (CITY OR TOWN).  
(STATE OR COUNTRY)Unknown,  
Kentucky17. INFORMANT  
(ADDRESS)Mrs John H. Adams  
2300 Huntoon Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cem. DATE August 12, 193619. UNDERTAKER  
(ADDRESS)Heaton-Bigelow & Bowman  
319 So. 10th St. Funeral Home

20. FILED

Aug 15, 1936 B. H. Tadlock M.D.  
M.H. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Anglo 1936, to Aug 9, 1936, 1936I last saw him alive on Aug 9, 1936 Death is saidto have occurred on the date stated above, at 7:25 p. m.

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

Broncho Pneumonia Date of onset 8/6/3682221

Other contributory causes of importance:

Cerebral hemorrhage 1934Name 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Arthur H. Kelley, M. D.(Address) St Joseph MO.

