

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.

FEB 15 1937

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

Do not use this space.

240

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph's Hospital)

File No. 39

Registered No. 39

St. Ward

2. FULL NAME Jerald Admire

(a) Residence, No. 6309 Grant

St. 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

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

Oct. 13, 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

3

2

29

OCCUPATION

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

Child

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)

Bucklin

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Mal Admire

14. BIRTHPLACE (CITY OR TOWN)

Bucklin

(STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Hazel Miller

16. BIRTHPLACE (CITY OR TOWN)

Rothville

(STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

Mal Admire
6309 Grant St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bucklin, Mo.

DATE

Jan. 14, 1937

19. UNDERTAKER

(ADDRESS)

Clark Mortuary
5025 King Hill Ave.

20. FILED

1-12, 1937 H. Nestlebusch

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 5, 1937, to Jan. 12, 1937

I last saw him alive on Jan. 11, 1937. Death is said

to have occurred on the date stated above, at 7 A. M.

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

Broncho-pneumonia

Date of onset
1-5-37

Other contributory causes of importance:

none

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

Nature of injury

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

If so, specify

(Signed) C. S. Grant, M. D.

(Address) 6207 King Hill Ave.

St. Joseph, Mo.

109a

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

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1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No.)

File No.

Registered No. 39

2. FULL NAME

Gerald Admire

(a) Residence, No. St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 2 29

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 9/25 1927 J. H. Nettles Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1927

22. I HEREBY CERTIFY That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said

to have occurred on the date stated above, at...

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

Pneumonia Date of onset

Other contributory causes of importance:

Upper respiratory infection or cough

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) C. E. Grant M. D.

(Address) St. Joseph

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.

WHITE PAPER WITH BLUE INK—THIS IS A PERMANENT RECORD

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