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

MAY 15 1937

Do not use this space.

File No. 15034

Registered No. 1500

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. 3105 Main Street St. Ward)

2. FULL NAME: Adam F. Torrance

(a) Residence, No. 3105 Main Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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: Mrs. Otelia Torrance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4th 1876

7. AGE — YEARS: 60 — MONTHS: 4 — DAYS: 4th — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manufacturer's
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Representative
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): Pa

FATHER
13. NAME: Graham R. Torrance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs. Otelia Torrance, 3105 Main Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cremation DATE: April 3, 1937

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel, Kansas City, Missouri

20. FILED: Apr 1, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-31-37, 19

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

Primary Delirium
Chronic Interstitial Myocarditis 9 3 C

Date of onset

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis: Was there an autopsy?

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) ..., M. D.
(Address)

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.