

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.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 308 1/2, Faraon Street

St.

Ward

2. FULL NAME

George Washington Adams

(a) Residence, No.

308 1/2 Faraon

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

50 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

Wht.

5. SINGLE, MARRIED, WIDOWED, OR

WIDOWED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

Laura Conger Adams

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

March 7 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ... hrs.

or min.

83

9

24

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

(Retired)

10. Date deceased last worked at this occupation (month and year)

About 1933

11. Total time (years)

spent in this occupation

Yrs

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

Ray County

Mo.

13. NAME

John Q. Adams

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

Do not know

15. MAIDEN NAME

Do not know

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

Do not know

17. INFORMANT (ADDRESS)

Orville Adams, St. Joseph

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ashland Cem.

DATE

Jan. 3

1938

19. UNDERTAKER (ADDRESS)

Stanley Eugene Horn

20. FILED

Jan 3 1938

St. Joseph

W. J. Neatle

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 1

1938

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 14, 1937 to Jan. 1, 1938

I last saw him alive on

Dec. 17, 1937 Death is said

8:25 A.

to have occurred on the date stated above, at

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

Arterio-sclerosis
myocarditis - chr.

Other contributory causes of importance:

myocardial infarction 1937

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical

Where an autopsy? No

23. Accidents, suicide, or homicide (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

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

Heart

Nature of injury

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

If so, specify

(Signed)

J. T. Bloomer M. D.

(Address)

1218 N. 3rd St.

