

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Three Primary Registration District No. 1002
City Meramec City (No. 21-E-51st Terrace)

File No. 8886
Registered No. 951 Ward

2. FULL NAME

(a) Residence, No. 21-E-51st Terrace Ward. (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 DIVORCED (writes the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF Sophronia Adams

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 - 1883

8. AGE YEARS 55 MONTHS 0 DAYS 27 If LESS than 1 day, hrs. or min.

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

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

11. 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) Meramec

13. NAME Edgar B. Adams

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

15. MAIDEN NAME Rhoda Ann Carter

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

17. INFORMANT E. B. Adams Jr. (ADDRESS) 21 E 51 St. Meramec

18. BURIAL, CREMATION, OR REMOVAL PLACE Ardenmore off DATE 3/2/38

19. UNDERTAKER O. V. West Funeral Home (ADDRESS) 2146 Meramec

20. FILED Mer 1 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1938

22. I HEREBY CERTIFY That I attended deceased from July 1, 1937, to Feb 28, 1938
I last saw him alive on Feb 28, 1938 Death is said to have occurred on the date stated above, at 7:50 p.m.

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

Euremia Date of onset Unknown
1931

Other contributory causes of importance:
Arterio-sclerotic
Bright's disease

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 G. C. McConick M. D.
(Signed) G. C. McConick
(Address) 1127 Tenth, R. C. M.

