

REC'D JUN 14 1938

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

Do not use this space.

17781

1. PLACE OF DEATH

County Buchanan

Registration District No. 35

File No. 557

Township St. Joseph

Primary Registration District No. 1001

Registered No. 557

City St. Joseph

(No. 118 E. Moose)

St. Ward

2. FULL NAME Jessie Adamson

(a) Residence, No. 118 E. Moose

St. 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

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Annie Adamson

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

July 4, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

80

10

20

OCCUPATION

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

Common Laborer

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)

Montgomery

(STATE OR COUNTRY)

Alabama

FATHER

13. NAME

Dick Adamson

14. BIRTHPLACE (CITY OR TOWN)

Montgomery

(STATE OR COUNTRY)

Alabama

MOTHER

15. MAIDEN NAME

Annie Rucker

16. BIRTHPLACE (CITY OR TOWN)

Montgomery

(STATE OR COUNTRY)

Alabama

17. INFORMANT

Annie Adamson

(ADDRESS)

118 E. Moose

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Mora Cemetery

DATE 5/27/38

19. UNDERTAKER

Graves Funeral Home

(ADDRESS)

806 S. 17th. Street.

20. FILED

5/27/38 Dr. H. H. H. H. H.

MEDICAL CERTIFICATE OF DEATH

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

May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 6, 1938 to May 24, 1938

I last saw him alive on May 23, 1938 Death is said

to have occurred on the date stated above at 6:30 p.m.

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

Myocardial Infarction

Date of onset Several minutes ago

Other contributory causes of importance:

Asthma

Name of operation None Date of W

What test confirmed diagnosis? Chloroform Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None

(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 Yes

(Signed)

Dr. H. H. H. H. H.

(Address)

216 NW Mo Ave.

Register

