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.

OCT 18 1938

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

Do not use this space.

File No. 31792

Registered No. 51

1. PLACE OF DEATH
County Buchanan
Township Washington
City
Registration District No. 86
Primary Registration District No. 5127
(No. Buchanan County Infirmary St. Ward)

2. FULL NAME Arthur Adams
(a) Residence, No. Buchanan County Inf. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 15, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	55	9	27	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Sept 1938.

11. Total time (years) spent in this occupation 4

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

FATHER

13. NAME Warren Adams

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

MOTHER

15. MAIDEN NAME Elizabeth Hohimer

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

17. INFORMANT (ADDRESS) Leslie Basham Picket Road. St. Joseph, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt. Auburn Cemt. St. Joseph, Mo. DATE Sept. 16 1938

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED Sept. 14 1938 Glystle M Hanson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1938, to Sept 12, 1938

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 6:00A. M

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Hypertension & arteriosclerosis	

Name of operation none Date of ...

What test confirmed diagnosis? Clin Hist 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?

If so, specify no

(Signed) Forrest Thomas, M. D.

(Address) 1301 No 25 St

STATEMENT BY LICENSED EMBALMER

I, Robert P.Clarkson, Licensed Embalmer No. 4028.
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by My-self
or by ****, Registered Apprentice No. ***

(Signed) Robert P. Clarkson

Licensed Embalmer No. 4028

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
(Failure to comply with the above regulation constitutes grounds for revocation of license)