

185 DEC 5 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. State Hospital #2)File No. 38615Registered No. 1120St. St. JosephWard Ward

2. FULL NAME

(a) Residence, No. Joe Adamson
(Usual place of abode)St. St. JosephWard Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

11 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 OFJennie Adamson

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

about 1860

7. AGE

YEARS

MONTHS

DAYS

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

about 78✓✓

OCCUPATION

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

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)
(STATE OR COUNTRY)Iowa1FATHER
MOTHER

13. NAME

unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)unknown

15. MAIDEN NAME

unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)unknown17. INFORMANT
(ADDRESS)Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph #2DATE Nov 9, 193819. UNDERTAKER
(ADDRESS)Funeral Home & Sargis
14th & College St.

20. FILED

Nov 9 1938St. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMoSt. JosephMo

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov. 8193822. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1938, to Nov. 8 1938I last saw him alive on Nov. 8 1938. Death is saidto have occurred on the date stated above, at 11:30 A.M.

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

Senility

Date of onset

Other contributory causes of importance:

Fracture of R. Arm11-7-38

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide Accident Date of injury Nov. 7, 1938Where did injury occur? St. Joseph, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

State Hospital no. 2Manner of injury Fracture of R. ArmNature of injury fall on floor of ward24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. Kuhlmann M. D.(Address) State Hosp. no. 2

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

1 X7284

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.

Body was unembalmed.

John E. Rupp.
#3986