

DEC'D MAR 13 1939

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. JosephRegistration District No. 85Primary Registration District No. 1001File No. 5982Registered No. 193

St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

Length of residence in city or town where death occurred

yrs. _____

mos. 8

ds. _____

How long in U. S., if of foreign birth

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMrs. Emma Irene Adams

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

May 11, 1911

7. AGE

YEARS

27

MONTHS

9

DAYS

16

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.River laborer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.On River10. Date deceased last worked at
this occupation (month and
year)June 15, 1938

11. Total time (years)

spent in this

occupation

3 yrs.12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)White Cloud, Kansas

FATHER

13. NAME

Mr. Iice Adams14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)White Cloud, Kansas

MOTHER

15. MAIDEN NAME

Miss Elizabeth Miller16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Oklahoma17. INFORMANT
(ADDRESS)Mr. John Adams
Crang, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crang, Mo.

DATE

3/119. UNDERTAKER
(ADDRESS)Scholar Bros
Crang, Mo.

20. FILED

Feb 28, 1939St. Joseph, Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Febr. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Febr. 19, 1939, to Febr. 27, 1939I last saw him alive on Febr. 27, 1939. Death is saidto have occurred on the date stated above, at 7:00 P. m.

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

Diffuse Cerebral hemorrhage
- cause unknown

Date of onset

2-19-39

Other contributory causes of importance:

Acute dilatation of heart
Quies - tertiary

Date of onset

2-27-39

Name of operation

Stomach puncture

Date of

What test confirmed diagnosis

Was there an autopsy? yes23. 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

(Signed)

(Address)

S. P. Lewis
St. Joseph, Mo.

, M. D.

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.

STATEMENT BY LICENSED EMBALMER

I, Wilber Lee Schooler, Licensed Embalmer No. 3997

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by _____

or by _____, Registered Apprentice No. _____

(Signed) Wilber Lee Schooler

Licensed Embalmer No. _____

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.)