

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.

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 WarringtonPrimary Registration District No. 1001City St. Joseph (No. OSCAR)(No. State Hosp # 2 St. Ward)2. FULL NAME Oscar Adams(a) Residence, No. Lexington Ave.St. WardWard. Lexington Ave.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1 mos. 17 ds.

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

yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Adams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 4 - 1867

7. AGE

YEARS 71MONTHS 5DAYS 23

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. min.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. could not obtain info.

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) Warrington Ky.13. NAME J. B. Adams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Phoebe Estes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.17. INFORMANT (ADDRESS) Myr. words # 2 St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lexington Mo DATE May 28 193919. UNDERTAKER (ADDRESS) Heaton, Betty, Burman, Funeral St. Joseph, Mo.20. FILED May 27 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 193922. I HEREBY CERTIFY, That I attended deceased from April 10 1939 to May 27 1939I last saw him alive on May 27 1939 Death is saidto have occurred on the date stated above, at 3 P. m.

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

Arteriosclerotic heart disease Date of onset

Other contributory causes of importance:

Bronchopneumonia (terminal)Name of operation noneWhat test confirmed diagnosis? chest x-ray Was there an autopsy? yes

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?

(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? no

If so, specify

(Signed) P. S. Jain(Address) State Hosp # 2 St. Joseph Mo

M. D.

This body was embalmed by me May 27, 1939

W.E. Summerfield

L.E. 3007

319 So 10th St. Joseph,