

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

Do not use this space.

10414

1. PLACE OF DEATH

Registration District No. 348
Primary Registration District No. 5486

File No.
Registered No. 281
St. Ward)

2. FULL NAME

(a) Residence No. 1000 Mt. Zion St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 19 yrs. 5 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1929
17.

5A. W MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (or) WIFE OF Mary E. Adams

I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 6 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unknown (fell out of chair dead)
95 E

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) organic heart disease
(duration) 2 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gary, Ind.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Richard Adams

19. DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY?.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. S. Sulphur M. D.

12. MAIDEN NAME OF MOTHER Unknown

3-8-1929 (Address) Clinton Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mary E. Adams (Address) Doctawater mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Metairie Cemetery Mar. 9 1929

15. FILE 3-18-29 C. D. Taylor, M.D. REGISTRAR

20. UNDERTAKER ADDRESS
C. A. Rickett Brownington Mo

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.

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