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

Do not use this space. 21661

File No. 2801

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No. 399

City Kansas City (No. Research Hospital 1002 St. Ward)

2. FULL NAME Jones ~~John~~ Flournoy Adams

(a) Residence. No. Bonaventure Hotel St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	71	3	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Andrew Adams

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

12. MAIDEN NAME OF MOTHER Sarah Flournoy

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

14. INFORMANT Mrs Wm Bagnell
(Address) 507 Muehlebach Hotel

15. FILED 6/26, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1929

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1929, to June 25, 1929 that I last saw him alive on June 25, 1929, and that death occurred, on the date stated above, at 3:48 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~[illegible]~~ Mitral Stenosis with decompensation 9:

133A

107A (duration) ~~yrs.~~ 1½ mos. ~~ds.~~

CONTRIBUTORY (SECONDARY) Bronchopneumonia 1 month

Acute Suppurative Nephritis (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Physicians, Xray & Autopsy

(Signed) R. T. Sloan, M. D.

6-26, 1929 (Address) Rialto Bldg

*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.

19. PLACE OF ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Elmwood Crematory — DATE OF ~~BURIAL~~ C 6-27-1929

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

Ashes shipped to Boonville, 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.

262

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...PADING INK—THIS IS A PERMANENT RECORD

Dr. R. T. Sloan,
1125 Rialto Bldg.
hours 1-4