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

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.
24746
3158

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 4441 Forest St. Ward)
Registration District No. 599
Primary Registration District No. 1002
File No.
Registered No.

2. FULL NAME Rosa T. Adair
(a) Residence. No. 4441 Forest St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18, 1861

7. AGE Years 68 Months 5 Days 3 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Raytown
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER W. C. Thurston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) S. Carolina
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jenning Clive
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

14. INFORMANT Mrs H. A. Curtis
(Address) 4441 Forest

15. FILED 7/22, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Saw her only on July 21, 1929 to ....., 19.... that I last saw her alive on July 21, 1929, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolus
Instantaneous
60 B
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 14
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. C. Kinsey, M. D.
7/22, 1929 (Address) 311 Argyle

*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
DATE OF BURIAL July 22 1929

20. UNDERTAKER H. W. Newcomer's Sons
ADDRESS KC Mo

2 - 235

~~Vi 1572 6786 [illegible]~~
Vi 1572 311 Argyle Bldg.
12 to 4 P.M.