

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

Do not use this space.

1681

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Praine Primary Registration District No. 5552
 City Little Blue Mo (No. Jackson Cottman) St. _____ Ward _____

2. FULL NAME

Adam Dold
 (a) Residence, No. Jackson County Home St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

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 <u>male</u>	4. COLOR OR RACE <u>German</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24 - 1852</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>89</u>	DAYS <u>29</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrotype</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown 33</u>	
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>	11. Total time (years) spent in this occupation <u>unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown 31</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>J. W. Foster</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Interred Collell 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Keller Funeral Home</u>		
20. FILED <u>Jan 20 1931</u> <u>J. L. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1931

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1931, to Jan 23, 1931.
 I last saw him alive on Jan 23, 1931. Death is said to have occurred on the date stated above, at 11:40 p.m.
 The principal cause of death and related causes of importance were as follows:
chronic myocarditis
95C
93C
 Other contributory causes of importance:
(1)

8
 Name of operation _____ Date _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. 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? no
 If so, specify _____
 (Signed) J. W. Greene, M. D.
 (Address) Independence 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.

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

FEB 23 1931

