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.

AUG 27 1932

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

Do not use this space.

24054

1. PLACE OF DEATH
County St Louis. Registration District No. 1123 File No.
Township Carondelet Primary Registration District No. 6248 Registered No. 237
City St. Louis, Mo (No. , Mt. St Rose San. St. Ward)

2. FULL NAME Melvin Adams
(a) Residence, No. St., Ward. Sherman, Mo
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1875
7. AGE YEARS 57 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 17
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gravel mill
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) Missouri

FATHER
13. NAME Morgan Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Rachael Shoemate
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mt St Rose St Louis Co

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sherman, Mo DATE July 18 1932

19. UNDERTAKER (ADDRESS) Schrader Undt Co Baldwin, Mo

20. FILED 7/16 1932 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1931, to July 15, 1932
I last saw him alive on July 15, 1932. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive bilateral pulmonary tuberculosis	
23A	

Other contributory causes of importance: 23

Name of operation Date of
What test confirmed diagnosis? X ray Was there an autopsy? No

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? Yes
If so, specify Grinding & dusty trade
(Signed) C. W. Ehlers, M. D.
(Address) Mt. St Rose San.

7128 Michigan