

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

Do not use this space.

13753  
40793

**1. PLACE OF DEATH**

55 County Lawrence Registration District No. 867  
1 Township Aurora Primary Registration District No. 4280  
4 City Aurora (No. 420 West College) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Henry Joseph Adams

(a) Residence, No. 420 W. College 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10-1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 2 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete Worker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
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) Ohio

13. NAME Henry Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Hessburger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Lou Adams  
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Aurora Mo DATE Apr. 17 19 \_\_\_\_\_

19. UNDERTAKER King Funeral Home  
(ADDRESS) Aurora Mo

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_  
Bill Linn  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1933 to Apr 13 1933  
I last saw him alive on Apr 13 1933. Death is said to have occurred on the date stated above, at 4.30 m.  
The principal cause of death and related causes of importance were as follows:  
Tubercular meningitis Date of onset \_\_\_\_\_

Other contributory causes of importance: Training in ground

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Plumbeum Was there an autopsy? yes

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 Underground mining

(Signed) R. W. Bryant, M. D.  
(Address) Aurora 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.

MAY 22 1933

THIS IS A PERMANENT RECORD

