APR 9 1935

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

Do not use this space.

11046

File No. 2676

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. City Hospital #2 St. Ward)

Registration District No. 791

Primary Registration District No. 1008

2. FULL NAME James McAdams

(a) Residence, No. 2108 - Delmar St. Ward. 27
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26th 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	56	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

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) Missouri

FATHER

13. NAME Lewis McAdams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Car.

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Ruby Pedrant
(ADDRESS) 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Mar 23 1935

19. UNDERTAKER Ethel M. Tyler
(ADDRESS) 3029 Caroline St.

20. FILED MAR 22 1935 J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-14 —, 1935, to 3-17 —, 1935

I last saw h. alive on 3-17 —, 1935. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 3-14-35

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Other contributory causes of importance:

Chronic Adhesive Pleurisy

Name of operation Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) Russell Smith M.D.

(Address) 2945 - Lawton Blvd

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 ORDINARY INK. NO PENCIL OR FOUNTAIN PEN.