

REC'D APR 25 1939

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

Do not use this space.

9828
49

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1 Primary Registration District No. 1002
City Kansas City (No. 2929 Main) St. _____ Ward _____

2. FULL NAME

352 Stillborn Adams

(a) Residence, No. 2929 Main 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) -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 - 1939

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -
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) Kansas City (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Agnes Adams

16. BIRTHPLACE (CITY OR TOWN) Montana (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Blanche P. n.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 4/8 19 39

19. UNDERTAKER (ADDRESS) Eclair Funeral Home
41 E. 2nd

20. FILED April 7, 1939 M. M. Creave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1939

22. I HEREBY CERTIFY, that I attended deceased from April 5, 1939, to April 5, 1939
I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 109 m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Date of onset _____
Other contributory causes of importance:
Abruptio Placenta

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) D. I. Van Del, M. D.
(Address) 2929 Main

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.

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