

27 1939

JUL 8 1939

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

23325
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis County Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200
 (c) City VETERAN'S FACILITY (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME RAY Adams
 (a) Residence, No. General Delivery - Benton Ill BENTON, ILLINOIS
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 not known
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 - 1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 1 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner
 9. Industry or business in which work was done, as saw mill, bank, etc. not known
 10. Date deceased last worked at this occupation (month and year) 4 yrs ago 11. Total time (years) spent in this occupation not known
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Illinois
 FATHER 13. NAME George Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 MOTHER 15. MAIDEN NAME Ora Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 17. INFORMANT (ADDRESS) Wm. Ochs, U.S.V.A. facility, Jeff. Pike
 18. BURIAL, CREMATION, OR REMOVAL PLACE BENTON, ILLINOIS DATE 6-27-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Eugene Howard, Benton Ill.
 20. FILED JUN 27 1939 R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 26 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 22 1939 to June 26 1939
 I last saw him alive on June 26 1939. Death is said to have occurred on the date stated above, at 9:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis Pulmonary chronic active far advanced with Cavitation
 Date of onset
 Other contributory causes of importance: 23 - Pleurisy chronic fibrous bilateral
 Name of operation none Date of
 What test confirmed diagnosis? Lab. and X Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following: no
 Accident, suicide, or homicide? Date of injury
 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) C. W. Hughes M. D.
 (Address) U.S.V.A. facility Jeff. Pike

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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.