

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

PLACE OF DEATH

County Lafayette

Township _____

or

Village _____

or

City Lexington

Registration District No. 461

File No. 18196-A1

Primary Registration District No. 3024

Registered No. 49

(No. 809 Highland Ave. St. 1st Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Garnett Cameron Adams

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

M

COLOR OR RACE

W

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(If write the word)

Single

DATE OF BIRTH

May 20, 1911
(Month) (Day) (Year)

AGE

4 yrs. 4 mos. 4 ds.
If LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

None

BIRTHPLACE

(City or town, State or foreign country)

Lexington, Mo.

NAME OF FATHER

John M. Adams

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Mo.

MAIDEN NAME OF MOTHER

Joe Anna Cameron

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ernest Hegert

(ADDRESS)

Lexington, Mo.

Filed

May 27, 1911

J. H. Anderson

REGISTRAR

DATE OF DEATH

May 24, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 21, 1911, to May 24, 1911, that I last saw him alive on May 24, 1911, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Convulsions

Contributory

(SECONDARY)

Don't know

(Signed)

J. L. Cope M. D.
June 1, 1911 (Address) Lexington, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Lexington, Mo.

DATE OF BURIAL

May 25, 1911

UNDERTAKER

Ernest Hegert

ADDRESS

Lexington, Mo.

2.