

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.

PLACE OF DEATH  
County Lewis  
Township \_\_\_\_\_  
or  
Village Lewistown  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 481  
Primary Registration District No. 4290

File No. I 13638  
Registered No. 6

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

FULL NAME James Henry Adams

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>February.23.1883</u> (Month) (Day) (Year)		
AGE <u>30</u> yrs. <u>1</u> mos. <u>19</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Laborer 3-07</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Worked at Roundhouse Later Teamster</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Mason County, Ill.</u>		
PARENTS	NAME OF FATHER <u>Thomas L. Adams</u>	
	BIRTHPLACE OF FATHER <u>Sangamon County, Ill.</u> (City or town, State or foreign country)	
	MAIDEN NAME OF MOTHER <u>Margaret J. Shawgo</u>	
	BIRTHPLACE OF MOTHER <u>Fulton County, Ill.</u> (City or town, State or foreign country)	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Thomas L. Adams</u> (ADDRESS) <u>Lewistown, Mo.</u>		
Filed <u>April, 12.</u> 191 <u>3</u> <u>J. C. Brown</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>April 11. 1913</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>March 11. 1913</u> to <u>April 12. 1913</u> , that I last saw him alive on <u>April 11. 1913</u> , and that death occurred, on the date stated above, at <u>12.30 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Phthisis Pulmonalis</u> <u>About Six Years</u> (Duration) yrs. mos. ds.	
Contributory (SECONDARY) (Duration) yrs. mos. ds.	
(Signed) <u>J. C. Brown</u> M. D. <u>April 12. 1913</u> (Address) <u>Lewistown, Mo.</u>	
*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. <u>5</u> mos. ds. In the State, yrs. <u>5</u> mos. ds.	
Where was disease contracted <u>Peoria, Ill.</u> If not at place of death?	
Former or usual residence <u>Peoria, Ill.</u>	
PLACE OF BURIAL OR REMOVAL <u>Lewistown, Mo.</u>	DATE OF BURIAL <u>April, 13</u> 191 <u>3</u>
UNDERTAKER <u>James I. Coder Furn. &amp; Undertaking Co. LaBelle</u>	ADDRESS <u>&amp; Lewistown,</u>



# STATED States Standard Certificate of Death

U. S. Census and American Public Health  
Association]

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To

of occupation.—Precise statement of oc-  
ry important, so that the relative health-  
rious pursuits can be known. The ques-  
o each and every person, irrespective of  
ny occupations a single word or term on  
will be sufficient, e. g., *Farmer* or *Planter*,  
*impositor*, *Architect*, *Locomotive engineer*,  
*r*, *Stationary fireman*, etc. But in many

coma, etc., of ..... (name origin; "Cancer" is  
less definite; avoid use of "Tumor" for malignant  
neoplasms); *Measles*; *Whooping cough*; *Chronic valv-  
lar heart disease*; *Chronic interstitial nephritis*, etc. The  
contributory (secondary or intercurrent) affection need  
not be stated unless important. Example: *Measles* (dis-  
ease causing death), 29 ds.; *Bronchopneumonia* (sec-  
ondary), 10 ds. Never report mere symptoms or ter-  
minal conditions, such as "Asthenia," "Anaemia"

Collapse," "Coma,"  
al," "Senile," etc.),  
ailure," "Haemor-  
ld age," "Shock,"  
a definite disease

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as *At school* or *At home*. Care should be taken to re-  
port specifically the occupations of persons engaged in  
domestic service for wages, as *Servant*, *Cook*, *House-  
maid*, etc. If the occupation has been changed or given  
up on account of the DISEASE CAUSING DEATH, state oc-  
cupation at beginning of illness. If retired from busi-  
ness, that fact may be indicated thus: *Farmer* (*re-  
tired, 6 yrs.*). For persons who have no occupation  
whatever, write *None*.

Statement of cause of death.—Name, first, the  
DISEASE CAUSING DEATH (the primary affection with re-  
spect to time and causation), using always the same  
accepted term for the same disease. Examples: *Cere-  
brospinal fever* (the only definite synonym is "Epidemic  
cerebrospinal meningitis"); *Diphtheria* (avoid use of  
"Croup"); *Typhoid fever* (never report "Typhoid  
pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*  
("Pneumonia," unqualified, is indefinite); *Tuberculosis*  
of lungs, meninges, peritonaeum, etc., *Carcinoma*, *Sar-*

ture of the injury, as *fractur*  
quences (e. g., *sepsis*, *tetanus*) 1  
head of "Contributory." (Reci  
ment of cause of death appr  
Nomenclature of the American

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