

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

Do not use this space.

18655

JUL 27 1927
 Every statement of the cause of death should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Jackson
 Township W. 1st
 City Webb City, Mo. (No.)

Registration District No. 517

Primary Registration District No. 556 10

File No.

Registered No. 78

St.

Ward)

2. FULL NAME

(a) Residence. No. 416 N. Hall 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 White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Opal Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 24-1880

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

36 9 0

8. OCCUPATION OF DECEASED

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

miner

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Chadwick, Mo.

10. NAME OF FATHER

John Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Christian, Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Delilah B. Brummett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ill.

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs. Opal Adams
416 N. Hall, Webb City

15.

FILED

6/25/27 R. M. Stromont

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 24 1927

17.

I HEREBY CERTIFY, That I attended deceased from

May 17 1927, to June 24 1927

that I last saw him alive on June 24 1927, and that

death occurred, on the date stated above, at 2:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pulmonary tuberculosis

31 23A

(duration) 5 yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Labored in lead and zinc mines

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & X-ray examination

(Signed) James H. Hulsewood M. D.

Physician, Webb City, Mo.

(Address) Webb City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Webb Hope Cem.

June 27 1927

20. UNDERTAKER

ADDRESS

J. P. Stedman & Co. Webb City, Mo.

RECO

TO

FROM

DATE

NO

**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

File No.
Registered No. 75
..... St. Ward

(a) Residence. No.		St.		Ward.			
(Usual place of abode)						(If nonresident give city or town and State)	
th of residence in city or town where death occurred	yr.	mos.	da.	How long in U.S., if of foreign birth?	yr.	mos.	da.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 192

I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 26 1880

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY.....
(SECONDARY).....

(a) Trade, profession, or occupation: _____ (duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. I.
19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

24.

INFORMANT
(Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL

DATE OF BURIAL

15

15. ✓ FILED 8/31 1927 R. M. Stormont

20. UNDERTAKER

ADDRESS

S-18655