

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

Do not use this space.

21295

AUG 22 1927

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 5554

File No. _____
Registered No. 197
St. _____ Ward _____

2. FULL NAME

Baby O. L. Adams

(a) Residence, No. 1310 Kensington St. Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

W.

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

single

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

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

July 16/27

7. AGE

YEARS MONTHS DAYS
Prémature If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Independence

(STATE OR COUNTRY)

10. NAME OF FATHER

Emmett L. Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Oklahoma

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Louise Mayfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kansas

(STATE OR COUNTRY)

14. INFORMANT

Emmett L. Adams
(Address) 1310 Kensington

15. FILED

7/22 1927 J. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-16-1927

17. I HEREBY CERTIFY That I attended deceased from July 15 1927 to July 16 1927 that I last saw her alive on July 15 1927 and that death occurred, on the date stated above at _____ pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Felicitations
1577
1-1A

CONTRIBUTOR (SECONDARY) Prémature birth (duration) _____ yrs. _____ mos. _____ ds.

Fetus (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Chas. K. Quinn M. D.

(Address) Independence Mo

*State the DISEASE CAUSING DEATH, 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 Mount Grove DATE OF BURIAL July 16 1927

20. UNDERTAKER H. D. Pearson & Son Independence ADDRESS _____

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.

WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD

