

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

Do not use this space.

34414

1. PLACE OF DEATH

County Walla
Township Saline
City (No.) St. Ward)

Registration District No. 930
Primary Registration District No. 5962

File No.
Registered No.

2. FULL NAME

William Wallace Adams

(a) Residence. No. St. Ward. (If nonresident give city or town and State.)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male white married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Jemima N. Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-3-1871

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>56</u>	<u>7</u>	<u>27</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monroe County Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joseph A. Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monroe County Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eugenia Burnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shelby County Kentucky
(STATE OR COUNTRY)

14. INFORMANT Mrs. Jemima N. Adams
(Address) Monroe City Mo

15. FILED 11/30, 1927 J. E. Floyd
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30th 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 20, 1924, to Nov. 25, 1927
that I last saw him alive on Nov 25-27, and that death occurred, on the date stated above, at 12:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

tuberculosis of bladder 30
2 1/2 yrs 11 mos 10 ds
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General debility
farmwork (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF 1924

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? smears, ex. of

(Signed) J. B. Seale M.D.

30, 1927 (Address) Monroe 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 Bethelham Cemetery Wallaco DATE OF BURIAL Dec 15th 1927

20. UNDERTAKER Wilson & Son Monroe City Mo. ADDRESS

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.

JAN 6 1928

