

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.

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

Do not use this space.

2093

1. PLACE OF DEATH

County Pettis
Township Sealasia
City Sealasia

Registration District No. 668
Primary Registration District No. 5889

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME

Ella Adams

(a) Residence. No. _____ St. _____ Ward Knobnoster Mo
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30-1909

7. AGE 18 YEARS 5 MONTHS 15 DAYS IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 210
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Knobnoster Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Robert E Adams

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

12. MAIDEN NAME OF MOTHER Stella Ladd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gasper Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs B B Adams
(Address) Route 13 Knobnoster Mo

15. FILED 1-26-28 J. J. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at About 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Burn -
automobile accident on Highway
25.0 West of Sealasia - Struck
bridge - gasoline explosion

CONTRIBUTORY (SECONDARY) 188 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 188
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) M. J. Jones, Coroner, M. D.

1-17 1928 (Address) Sealasia 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 Knobnoster Adams Bur DATE OF BURIAL 1/17 1928

20. UNDERTAKER McLurg-Linn Bros ADDRESS Sealasia

