

ONLY, 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.

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

Do not use this space.

11815

1. PLACE OF DEATH

County Saline Registration District No. 792
Towship Arrow Rock Primary Registration District No. 4473
City Arrow Rock (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Virgil Lee Adams

(a) Residence. No. 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 4. COLOR OR RACE negro. 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) 7-28-1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
21 | 8 | | |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Arrow Rock
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER John Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arrow Rock
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Bettie Parker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Arrow Rock
(STATE OR COUNTRY) Mo.

14. INFORMANT Dennis Banks
(Address) Arrow Rock. Mo.

15. FILED 19..... REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-28 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1928, to Mar. 28, 1928 that I last saw him alive on Mar. 27, 1928 and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis
23A

3/9/28
CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at home

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) M. S. McLeis, M. D.
3/29/1928 (Address) Boonville 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 Sappington Cemetery DATE OF BURIAL 3-30 1928

20. UNDERTAKER Hill Brothers ADDRESS States

m. d. m. y. m.

All statements and
instruments on file
with us are to my
knowledge true

W. H. Coward.

Secretary

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

ALL INFORMATION REQUESTED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

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

N. N. of the State of Missouri, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the Bureau of Vital Statistics, Missouri, and that it was carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state occupation in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.
 County Saline Registration District No. 792 File No. One
 Township Primary Registration District No. 447 B Registered No.
 City Arrow Rock (No.) St. Ward

2. FULL NAME Virgie Lee Adams
 (a) Residence No. 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 M. 4. COLOR OR RACE B. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) D.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-28-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 | 8 | - | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Lav.
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Arrow Rock
 (STATE OR COUNTRY)

10. NAME OF FATHER John Adams

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

12. MAIDEN NAME OF MOTHER Esther Parker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Arrow Rock
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 15, 1928, to Mar 28, 1928 that I last saw him alive on Mar 27, 1928 and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) M. J. McGuire, M. D.
 , 19 (Address) Boonville.

*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.

14. INFORMANT Dennis Banks
 (Address) Arrow Rock

15. Filed 15th 1928 Frank Morris
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bappington Cemetery DATE OF BURIAL 3-30 1928

20. UNDERTAKER Hill Brothers ADDRESS States

SUPPLEMENTARY 31

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