8 1928

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot Registration District No. 661 File No. 24643
Township Little Prairie Primary Registration District No. 4388 Registered No. 99
City (No. St. Ward)

2. FULL NAME Osie Lee 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: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-8-1927
7. AGE: Years 1 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED: ✓
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Arthur Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss
12. MAIDEN NAME OF MOTHER: Eullena McAdams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Arthur Adams
(Address): Caruthersville

15. FILED Aug 10 1928 Ada Martin M. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-12 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-6, 1928, to 7-12, 1928, that I last saw h... alive on 7-12, 1928, and that death occurred, on the date stated above, at Noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Colitis
119B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 113B
(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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Thomas J Pullens M. D.
Aug 10, 1928 (Address) Caruthersville 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: Mason Cemetery
DATE OF BURIAL: 7-13 1928

20. UNDERTAKER: H S Smith
ADDRESS: Cville Mo

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.