

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

Do not use this space.

26430
151

1. PLACE OF DEATH

County Boone
Township Columbia
City Elizabethtown (No. 1)

Registration District No. 73
Primary Registration District No. 5-11-2

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

2. FULL NAME

Elizabethtown

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 3 28 2 hrs.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmers
(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) Missouri

10. NAME OF FATHER Andrew Adair

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Nancy Stephens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Missouri

14. Mr. E. A. Adair
(Address) Columbia Mo.

15. Aug 28 1928
FILED Patrice Grubb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 19 28

17. I HEREBY CERTIFY That I attended deceased from Aug 19 19 28 to Aug 27 19 28
that I last saw him alive on Aug 15 19 28, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer (Squamous cell epithelioma) of lower lip.

18A (duration) 2 yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY) none
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 43

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. W. Kump 8/28/28 (Address) Columbia 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 St. Stephens Cemetery DATE OF BURIAL 8/29 19 28

20. UNDERTAKER W. H. Wauder ADDRESS Columbia 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.

