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

Do not use this space.

26566

1. PLACE OF DEATH

County Buchanan. Registration District No. 86 File No.

Township Wayne Primary Registration District No. 5125 Registered No. 56

City (No. 2 Miles West of Halls, Mo.-Mo. River. St. Ward)

2. FULL NAME Lyle Herbert Adams

(a) Residence. No. Mud Lake, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14, 1918.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	9	8	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mud Lake
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Emmett Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cameron
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Anna Marie Byers.

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

14. INFORMANT Emmett Adams
(Address) Mud Lake, Mo.

15. Filed Aug 27 1928 J. J. Bancroft
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26 1928

17. I HEREBY CERTIFY, That I attended deceased from viewed remains
, 19, to , 19
that I last saw h alive on , 19, and that
death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental Drowning

Boat in Which he was riding Capsized in Missouri River.

CONTRIBUTORY (SECONDARY)
(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? View by Jury

(Signed) J. W. Mays Coroner, M. D.

Aug. 27, 1928 (Address) Kirkpatrick Bldg. By Hand

*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	DATE OF BURIAL
Cameron -Mo.	Aug. 29 1928
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union St.

H. O. Sidenfaden

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.

SEP 24 1928