Dr. Dorris

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

Do not use this space.

33103

1. PLACE OF DEATH

County: Cole — Registration District No.: 213 — File No.:

Township: — Primary Registration District No.: 3014 — Registered No.: 251

City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Charles Otis 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	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) June-21-1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	4		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Elevator Operator

(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): Jefferson City, Mo

PARENTS

10. NAME OF FATHER: Chas Otis Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mass

12. MAIDEN NAME OF MOTHER: Annie E. Reynolds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City, Missouri

14. INFORMANT: Mrs. Chas E. Dewey
(Address) Jefferson City, Mo

15. FILED 10/23, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1928, to Oct 21, 1928, that I last saw him alive on Oct 21, 1928, and that death occurred, on the date stated above, at 12 ½ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis acuta (Gangrenous)

[illegible] 1928

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) General Peritonitis

(duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 18/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) R. P. Lynn, M. D

, 19 (Address) Jefferson City, 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	DATE OF BURIAL
River View Cemetery	10/23 1928

20. UNDERTAKER: WYMORE-GORDON UNDERTAKING CO. — ADDRESS: J. C. 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.