EC 26 1928

Dr. L. A. T. Meyer

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

Do not use this space.

33113

1. PLACE OF DEATH

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

Township: Jefferson — Primary Registration District No. ~~3014~~ — Registered No. 276

City: Jefferson (No. ..... 5[illegible] St. ..... Ward)

2. FULL NAME: Phillip J. 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	~~Lucille~~ Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): January-16-1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	9	10	

8. OCCUPATION OF DECEASED

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

(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): Albia, Iowa

PARENTS

10. NAME OF FATHER: Royal Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

12. MAIDEN NAME OF MOTHER: Not Known

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

14. INFORMANT: Mrs. Lucille Adams
(Address): Jefferson City, Missouri

15. FILED 11-24, 1928 S. W. Bedford, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Did not see him alive, 19..., to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at about 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: accidentally drowned by the capsizing of a skiff in the Mo River

213D (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 182 (duration) ..... yrs. ..... mos. ..... ds.

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

(8) DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Witnesses

(Signed) L. A. T. Meyer Coroner, M. D

11/24, 1928 (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: River View Cemetery — DATE OF BURIAL: 11-25 1928

20. UNDERTAKER: [illegible] — 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.