JAN 22 1929

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

Do not use this space.
39677

1. PLACE OF DEATH
County: Callaway — Registration District No.: 104
Township: — Primary Registration District No.: 3008
City: Fulton (No. — St. — Ward)

File No.
Registered No.: 224

2. FULL NAME: David A. Adcock — Stephens Mo.
(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. 3 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
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) —

7. AGE: Years 74 — Months — — Days — — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): —
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): —

14. INFORMANT: Medical Certificate
(Address)

15. FILED Dec 8, 1928 R. N. Creus
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/6/1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1928 to Dec 6, 1928 that I last saw h. alive on Dec 6, 1928 and that death occurred, on the date stated above, at 12 15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Degeneration
93 d
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
Did an operation precede death? No. Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Clinical Findings
(Signed) E. E. Lay M.D.
, 19 (Address) State Hospital I.

*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. Fulton Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Columbia Mo.
DATE OF BURIAL: 12/9 1928

20. UNDERTAKER: Herndon Taylor
ADDRESS: Fulton 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.