

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

Do not use this space.

25297

1. PLACE OF DEATH

County Montgomery
Township Prairie
City Middletown (No.)

Registration District No. 591
Primary Registration District No. 5789

File No.
Registered No.
St. Ward)

2. FULL NAMEJames Sabin Adams

(a) Residence. No. St. Ward.
(Usual place of abode) 31

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OR (OR) WIFE OF Ellen Frances Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9th, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79. 6.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brookfield
(STATE OR COUNTRY) Ind.

10. NAME OF FATHER William Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER Thresa Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT Mrs. Ellen G. Adams
(Address)

15. FILED 7/15/29 M. M. Anderson
REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14th 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1927, to July 14th 1929, and that I last saw him alive on July 12th 1929, and that death occurred, on the date stated above, at 2:30/6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY)

Myocarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. J. Finch

July 15, 1929 (Address) Middletown, 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
Middletown Cemetery

DATE OF BURIAL
July 15th 1929

20. UNDERTAKER
Jones & Wells

ADDRESS
Middletown, 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.

