

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.

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

Do not use this space.

30530

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No.

Township Springfield

Primary Registration District No. 929

Registered No.

City Springfield

(No. 929 N. Robinson)

St. Ward)

2. FULL NAME

(a) Residence. No. 877 Heaven 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OF (OR) WIFE OF

Meda Adams

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

March 22-1899

7. AGE

YEARS

30

MONTHS

5

DAYS

17

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bridge Worker

(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)

Mo.

10. NAME OF FATHER

John Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Lou Durnell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Lake Co. Mo.

14.

INFORMANT

(Address)

John Adams
St. Louis Mo.

15.

FILED

9-11-1929 Long Sharp Res

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 9 1929

17.

I HEREBY CERTIFY, That I attended deceased from

that I last saw him dead on Sep. 10, 1929, and that death occurred, on the date stated above, at 11:31 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bochlands of poisoning poisoning
suicidal

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? hm DATE OF

WAS THERE AN AUTOPSY? hm

WHAT TEST CONFIRMED DIAGNOSIS? Chemical of Vomiting

(Signed) Johnny C. Stone M. D.

Sep 10, 1929. (Address) Springfield 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

East Lawn Cemetery Sep 11 1929

20. UNDERTAKER

J. M. Klingner & Co ADDRESS Mo

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