

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

Do not use this space.

5261

1. PLACE OF DEATH

County Jackson
Township Waverly
City Keosauqua (No. 17th Cherry)

Registration District No. 399
Primary Registration District No. 1002

File No. 219
Registered No. 219
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3814 Hammond St. 12 Ward.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 - 1899

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Home side, fire arm.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 10 5

177 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Truck Driver (b) General nature of industry, business, or establishment in which employed (or employer) Innell (c) Name of employer _____

CONTRIBUTORY (SECONDARY) Caused shot by merchant. (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

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

10. NAME OF FATHER Alex Adcock

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

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

WAS THERE AN AUTOPSY? yes

12. MAIDEN NAME OF MOTHER Mary Belle Hammond

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M. Huel M. D.

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

27 19 30 (Address) Deputy Coroner

14. INFORMANT (Address) Mrs Robert Adcock 3814 Hammond

*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.

15. FILED 7 28 19 30 M. M. Conover REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carrollton Mo DATE OF BURIAL Monday 1930
20. UNDERTAKER Rose Henderson ADDRESS Carrollton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

104

