

AR 28 1930

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

Do not use this space.

5523

1. PLACE OF DEATH

County Lafayette

Registration District No. 468

Township South

Primary Registration District No. 5523-B

City Higginsville Mo

File No.

Registered No. 19

St. Ward)

2. FULL NAME Billie Edwin Adams

(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. 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min. 11 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

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

10. NAME OF FATHER Charles Adams

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

12. MAIDEN NAME OF MOTHER Eva Woods

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

14. INFORMANT Charles Adams R. Adams
(Address) Higginsville Mo

15. FILED 2-18 1930 Miss B. Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 to Feb 17, 1930
that I last saw him alive on Feb 17, 1930, and that death occurred, on the date stated above, at 11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia
157C
107A
..... (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Coronary al Heart
disease (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? Physicne signs
(Signed) Dr. Oppen M.D.
18 1930 (Address) Higginsville 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 Higginsville City Cem. DATE OF BURIAL Feb. 18 1930

20. UNDERTAKER Hooper & Morris Lague ADDRESS Higginsville Mo.

