

18315-1

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

Do not use this space.

18315-1

1. PLACE OF DEATH

County Seath
Township Kelso
City Farmington (No.)

Registration District No. 1157
Primary Registration District No. 4588

File No.
Registered No.
St. Ward

2. FULL NAME

(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 22 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 OF (OR) WIFE OF Amanda E Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 11 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Clay Co Ky
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Want Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Want Know
12. MAIDEN NAME OF MOTHER Want Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Want Know

14. INFORMANT M H Adams
(Address) Farmington Mo

15. FILED 5-14-30 L. L. Bannan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to May 13, 1930 that I last saw him alive on 5-13-30, 1930 and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lymphatic Leukemia
72A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS oblique
(Signed) L. L. Bannan, M. D.

314. 1930 (Address) Farmington 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 McKelley Cemetery Ill. DATE OF BURIAL May 15 1930

20. UNDERTAKER Harberg F & Co ADDRESS Cape Girardeau Mo

