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

Do not use this space.

25845

1. PLACE OF DEATH
County Bates — Registration District No. 3-1 — File No. 10
Township ____ — Primary Registration District No. 4030 — Registered No. ____
City Hume (No. ____, ____ St. ____ Ward)

2. FULL NAME John Wood Adams

(a) Residence (Usual place of abode) No. ____ St. ____ 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Sarah Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2-1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	85	5	5	

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

9. BIRTHPLACE (CITY OR TOWN) New Castle
(STATE OR COUNTRY) Ind

PARENTS
10. NAME OF FATHER Johnathan Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____ (STATE OR COUNTRY) So Carolinia
12. MAIDEN NAME OF MOTHER Mary Wood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____ (STATE OR COUNTRY) So Carolinia

14. INFORMANT Sarah Adams (Address) Hume Mo

15. FILED Aug 20 36 W A Williams REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1930

17. I HEREBY CERTIFY, That I attended deceased from at intervals from ____, 19 30, to Aug 6, 19 30, that I last saw him alive on Aug 6, 19 30, and that death occurred, on the date stated above, at 12.30 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Softening
8235
8260
(duration) 4 yrs. ~ mos. ~ ds.
CONTRIBUTORY (SECONDARY) Cerebral embolism
(duration) 4 yrs. ~ mos. ~ ds.

18. WHERE WAS DISEASE CONTRACTED Place of Death, IF NOT AT PLACE OF DEATH ____
DID AN OPERATION PRECEDE DEATH? No DATE OF ~
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Evidence

(Signed) H. D. Hunt, M. D.
, 19 (Address) Hume, 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
Hume Cemetary	Aug 8 1930
20. UNDERTAKER	ADDRESS
R W McConnell	Hume 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.