

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.

NOV 26 1930

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

Do not use this space.

33851

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township

Primary Registration District No. 3034

City Moberly

(No. 526) Hagood

File No.

Registered No. 418

St.

Ward

2. FULL NAME

John Adams

(a) Residence. No.

526 Hagood

St.

Ward.

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)

Married

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

Polly Adams

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

Feb. 12<sup>th</sup> 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

80

8

3

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)

(STATE OR COUNTRY)

Mo

PARENTS

10. NAME OF FATHER

William Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Frances Griffith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

N.C

14.

INFORMANT

(Address)

Mrs. Polly Adams

Moberly Mo

15.

FILED

10-15-30

Dr. Thomas Fleming

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

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

Oct 15<sup>th</sup>

1930

17.

I HEREBY CERTIFY, That I attended deceased from

Oct 15

1930

to

Oct 15

1930

and that

that I last saw him alive on

Oct 15

1930

and that

death occurred, on the date stated above, at

11:50

P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage.

82 A

97

(duration)

yrs.

mos.

3 ds.

CONTRIBUTORY (SECONDARY)

Arteriosclerosis.

(duration)

yrs.

mos.

ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

no

DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

C. A. Mitchell

M. D.

10-15-30

(Address)

Moberly 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

Sugar Creek

10-17<sup>th</sup>

1930

20. UNDERTAKER

ADDRESS

McMahon and Son

Moberly Mo

