

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 28 1930

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

Do not use this space.

35027

1. PLACE OF DEATH

County Saline Registration District No. 295
Township Grand Rose Primary Registration District No. 4476
City (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

George Willson Adams

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Married

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

Laura M. Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
80 9 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mason City

(STATE OR COUNTRY)

Ia.

10. NAME OF FATHER

Rolla Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ia.

12. MAIDEN NAME OF MOTHER

Sara Maggum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ia.

14.

INFORMANT

(Address)

N. C. Wright
Martin Bend Mo

15.

FILED

10-4, 1930 Mrs Mary Blackburn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1929, to Oct 2 1930, that I last saw him alive on Oct 1st 1930, and that death occurred, on the date stated above, at 6-2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

92 H

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Findings

(Signed) A. F. Brown M. D.

at 4, 1930 (Address) Martin Bend 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

Martin Bend Cur Oct 4 1930

20. UNDERTAKER

ADDRESS

T. M. Campbell Marshall

