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

DEC 22 1930

Do not use this space.

35904

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township J.N. Campbell — Primary Registration District No. 5489
City Springfield (No. R.R. 4 3 St., Ward) — File No. 397 — Registered No.

2. FULL NAME Mahlon Henry Adams
(a) Residence. No. R.R. 4 3 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Adams
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-9-1846
7. AGE: Years 84 | Months 0 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.
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): Farmer
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Johnson Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Rachel Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ky.

14. INFORMANT: Etta Adams
(Address) 934 E. Walnut
15. FILED 11-29-1930 Lora Shark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-28 1930
17. I HEREBY CERTIFY, That I attended deceased from 11-20, 1930, to 11-28, 1930, that I last saw h... alive on 11-27, 1930, and that death occurred, on the date stated above, at 9 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10 d
114 h.
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY): Respiratory Infection
(duration) yrs. mos. 8 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Joseph D. Jones, M. D
11-29, 1930 (Address) Springfield 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: Mt. Comfort — DATE OF BURIAL: Nov. 30 1930
20. UNDERTAKER: M.T. Campbell — ADDRESS: 869 Wash

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.

PERMANENT RECORD

Dr. L. D. Jones