

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.

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

Do not use this space.

1082

1. PLACE OF DEATH

County Howard,

Registration District No. 878

Township Fayette,

Primary Registration District No. 4222

City Fayette,

(No. _____)

St. _____

Ward _____

2. FULL NAME James Frank Adams.

(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

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 Josephine Adams

(OR) WIFE OF

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

July 11th 1850

7. AGE

70 YEARS

MONTHS 8

DAYS 12

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

#

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri.

MOTHER

13. NAME

Phillip Adams,

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky.

15. MAIDEN NAME

Sarah Anderson,

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri.

17. INFORMANT

(ADDRESS)

Josephine Adams.

18. BURIAL

PLACE

Howard Co

DATE

Jan. 24 1931

19. UNDERTAKER

(ADDRESS)

Guy T. Halley.

Fayette, Mo.

20. FILED

2-5

1931

V. O. Bonham

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1/23/31

1931

22. I HEREBY CERTIFY, That I attended deceased from

December 1930, to Jan 10 1931

I last saw him alive on Jan 10 1931. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

June 1930

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Phys. findings

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Wm. J. Shaw

M. D.

(Address)

Fayette, Mo.

