WRITE PLAINLY, WITH INFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 23 1931

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

Do not use this space.

4516

1. PLACE OF DEATH
County Barton — Registration District No. 40 — File No.
Township — Primary Registration District No. 4024 — Registered No. 6
City Lamar (No. , St. Ward)

2. FULL NAME Oscar Franklin 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 OF (OR) WIFE OF: Mae Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 4-1881

7. AGE: YEARS 49 — MONTHS 10 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer & 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stockman
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): Jackson Co. Missouri

FATHER
13. NAME: James F. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Betty Nowlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs O F Adams Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Cem DATE 2-20 1931

19. UNDERTAKER (ADDRESS): C. F. Kouantz Lamar

20. FILED 3-7- 1931 A. J. Mynatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-17, 1931

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Homicide	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 2/17, 1931
Where did injury occur? Lamar Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Pork received blow in fight
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. M. Kenny coroner, ~~M. D.~~
(Address) Lamar Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17th, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 8;30 PM

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

Accidental Homicide.

Coroner's inquest verdict was "Cause of death by accident due to exitement as a result of a blow struck by the hand of Guy Stoddard.

Date of onset

Other contributory causes of importance:

Autopsy revealed no definite nor internal cause

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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

Accident, suicide, or homicide? ..... Date of injury 2/17, 1931

Where did injury occur? Camp Park. Lamar, Mo.

(Specify city or town, county, and State)

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

Manner of injury Fist fight

Nature of injury .....

5

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E M Keeny Coroner, M.D.

(Address) Lamar Mo