

MAR 26 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

10893

1. PLACE OF DEATH

County *Way*Township *Portage*City *Portageville*Registration District No. *607*Primary Registration District No. *3806*

File No.

Registered No.

St. Ward)

2. FULL NAME

(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)

Single

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

Single

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

12-23-1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

*21**6**14*

8. OCCUPATION OF DECEASED

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

Fanner

(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)

Portageville Mo.

10. NAME OF FATHER

H. H. Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Portageville Mo.

12. MAIDEN NAME OF MOTHER

Daisy Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Portageville Mo.

14. INFORMANT

(Address)

H. H. Adams
Portageville Mo.

15. FILED

3/17, 1931*Ed Cook*

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *3-4* 19*31*

17.

I HEREBY CERTIFY, That I attended deceased *on* *3/4* 19*31*, to *19* *19* *19*that I last saw him alive on *19* *19* *19*, and that death occurred, on the date stated above, at *m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Pleuritis**59**129*

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Diabetes(duration) *2* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IS NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

No

DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *J. J. Kelley*, M. D., 19 (Address) *Portageville Mo.*

*State the DISEASE CAUSING DEATH, or if 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

*Portageville Mo.**3/6* 19*31*

20. UNDERTAKER

ADDRESS

R. M. Payne *Portageville Mo.*

