

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.

APR 27 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12897

1. PLACE OF DEATH

105 County Sullivan
 Township Polk
 5 City Milan (No. _____)

Registration District No. 852Primary Registration District No. 4518

File No. _____

Registered No. 7

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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24, 1842

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
88 10 22

8. OCCUPATION OF DECEASED Retired Farmer
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Adair County, Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Robert Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Adair County, Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown (slave)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

14. INFORMANT Robt Warren Adams
 (Address) Milan, Mo

15. FILED 3/9/31 Bertha Neelars
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 25 1930, to Mar 16 1931, that I last saw him alive on Mar 10 1931, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Degeneration of heart from infarction of old age. Senile Degeneration
162 (duration) _____ yrs. mos. ds.
930

CONTRIBUTORY (SECONDARY) 930 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? (3)

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Grace Simmons, M.D.
Mar 17 1931 (Address) Milan, 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 Milan, Mo. DATE OF BURIAL Mar 18 1931
Oak Wood Cem.

20. UNDERTAKER C. A. Schoene ADDRESS Milan, Mo.

