N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUN 24 1931

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

Do not use this space.

File No. 17021

Registered No.

1. PLACE OF DEATH

County Atchison — Registration District No. 19

Township Clay — Primary Registration District No. 4013

City Rock Port, Mo (No. St. Ward)

2. FULL NAME Donald Lee Adamson

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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			
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-24-1909			
7. AGE — YEARS: 21	MONTHS: 6	DAYS: 24	If LESS than 1 day, ...hrs. or ......min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 237
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tarkio Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Fred Adamson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Lula Mae Traub

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Rock Port, Mo

14. INFORMANT Fred Adamson
(Address) Rock Port Mo

15. FILED 5-18, 1931 Mary G. Chamberlain REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-18 1931

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to May 18, 1931, that I last saw him alive on May 18, 1931, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

(duration) ......yrs. ......mos. ......ds.

CONTRIBUTORY (SECONDARY)

(duration) ......yrs. ......mos. ......ds.

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

DID AN OPERATION PRECEDE DEATH? ...... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Otto C. Chamberlain, M. D.

5-19, 1931 (Address) Rock Port, 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: Greenhill Cem. — DATE OF BURIAL: 5-20 1931

20. UNDERTAKER: Sater Bartholomew — ADDRESS: Rock Port, Mo