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

Do not use this space.

File No. 17364
Registered No.

1. PLACE OF DEATH
County Cass
Township Creek
City Freeman (No. ..... St. ..... Ward)
Registration District No. 153
Primary Registration District No. 4087

2. FULL NAME Richard Montgomery 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 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

JUN 21 1931

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Emma Lee Parrish
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 30-1854
7. AGE: Years 76 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —
9. BIRTHPLACE (CITY OR TOWN): Maysville
(STATE OR COUNTRY): Miss

PARENTS
10. NAME OF FATHER: Eli Adams.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Jane Powell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown

14. INFORMANT: Sterling Adams
(Address): Freeman Mo
15. FILED: May 8, 1931 H. F. Lafoon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8— 1931
17. I HEREBY CERTIFY, That I attended deceased from July 10-, 1929, to May 8, 1931, that I last saw h.... alive on May 7, 1931, and that death occurred, on the date stated above, at 7:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
92-A
97
(duration) 1 yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY): Cateria Sclerosis
(duration) 4 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Isaac N. Parrish, M. D
May 9, 1931 (Address) Freeman 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: Maranna Chapel Lay Fayette Co Mo — DATE OF BURIAL: May 10 1931
20. UNDERTAKER: Irvin Hunsman — ADDRESS: Adrian Mo