

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.

MAY 27 1931

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

20300

## 1. PLACE OF DEATH

County Stone  
 Township Grant  
 City St. Adams (No. \_\_\_\_\_)

Registration District No. 846  
 Primary Registration District No. 6105

File No. \_\_\_\_\_  
 Registered No. 13  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Elizabeth Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>mar 11 1856</u>		
7. AGE <u>75</u>	YEARS <u>1</u>	MONTHS <u>25</u>
		DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo13. NAME Isaac Adams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓15. MAIDEN NAME ✓16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓17. INFORMANT E M Adams (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Mariemelle Mo DATE 5-719. UNDERTAKER W. H. Wilson (ADDRESS)20. FILED 5-7-31 H. A. Nimmo Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-3122. I HEREBY CERTIFY, That I attended deceased from 5-3-31 to 5-6-31I last saw him alive on 5-5-31 Death is saidto have occurred on the date stated above, at 8 a. m.

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

apoplexy

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

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

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) J. P. Duggitt, M. D.(Address) Cramer Mo

