

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

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.

SEP 28 1931

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

27804

1. PLACE OF DEATH
County Clinton Registration District No. 204
Township _____ Primary Registration District No. 3013
City Cameron (No. _____) St. _____ Ward _____
2. FULL NAME Harvey Dare 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 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 25

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

9. BIRTHPLACE (CITY OR TOWN) Rockville
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER John C. Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Jane Wiggam
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mrs H D Adams
(Address) Cameron Mo

15. FILED 8/27 1931 NCH Riley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1931
17. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1931, to Aug 25, 1931, that I last found him alive on Aug 25, 1931, and that death occurred, on the date stated above, at _____ m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
(duration) yrs. mos. ds. _____
CONTRIBUTORY (SECONDARY) SAW
(duration) yrs. mos. ds. 3

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) J C Bowman, M. D.
Aug 26, 1931 (Address) Cameron 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 Hamilton Mo. DATE OF BURIAL 8/28 1931

20. UNDERTAKER J W Polaud ADDRESS Cameron

