

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

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

Do not use this space.

29230

1. PLACE OF DEATH

County St. Francis Registration District No. 274 File No. 221
 Township St. Francis Primary Registration District No. 18B Registered No. _____
 City St. Francis (No. _____) St. _____ Ward _____

2. FULL NAME Wade H. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26-1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 9 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Eng.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joe Leads
 10. Date deceased last worked at this occupation (month and year) 8 mo. 5 years 11. Total time (years) spent in this occupation 8 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

13. NAME Spencer Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME Sinda Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT Frank Adams (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellow DATE 8-25-13

19. UNDERTAKER Caldwell Bros. (ADDRESS)

20. FILED Aug 31, 1931 W. J. Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23-1931
 22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1931, to Aug-23-, 1931
 I last saw him alive on Aug-25, 1931. Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:

Haemorrhage of brain (R. side) - left side paralyzed
 Other contributory causes of importance: Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? no
 If so, specify _____
 (Signed) W. J. Bryan, M. D.
 (Address) 2141 1/2

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 5 1931

