

OCT 24 1931

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

Do not use this space.

31707

## 1. PLACE OF DEATH

County Lagayette  
Township Odesa  
City Odesa

Registration District No. 464  
Primary Registration District No. 4277

File No. 14  
Registered No. 55  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mills Adamson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 13, 1860</u>		
7. AGE <u>70</u>	YEARS <u>8</u>	MONTHS <u>27</u>
		DAYS <u>27</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington Mo.</u>		
FATHER	13. NAME <u>Thos. Adamson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Nancy L. Lister</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
17. INFORMANT <u>Mrs. Frank Adamson</u> (ADDRESS) <u>Odesa Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Odesa Mo.</u> DATE <u>9/11</u> 19 <u>31</u>		
19. UNDERTAKER <u>L. C. Husman</u> (ADDRESS) <u>Odesa Mo.</u>		
20. FILED <u>10/1</u> 19 <u>31</u> <u>R. C. Chasely</u> Registrar		

## 2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1931 to Sept 10 1931  
I last saw him alive on Sept 9 1931 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Cardio Vascular Disease  
Hypertension  
Other contributory causes of importance:  
Chorea  
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? no  
If so, specify \_\_\_\_\_  
(Signed) R. C. Chasely M. D.  
(Address) Odesa Mo.

Date of onset  
Nov 1930

