

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

Do not use this space.

34151

1. PLACE OF DEATH **GREENE**

County.....

Registration District No. **317**

Township **REPUBLIC**

Primary Registration District No. **3436**

City.....

(No.)

St.

Ward.....

2. FULL NAME **BURWELL. BROWN. 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

NANCY. A. MASSEY ADAMS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCT. 7th 1868**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

63

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

FARMER

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)

MISSOURI

FATHER

13. NAME **J. D. ADAMS ADAMS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **DONT KNOW**

MOTHER

15. MAIDEN NAME **PRUSSIA. ZUMWALT**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **PENN.**

17. INFORMANT (ADDRESS)

*W. C. Adams
Greene Co. Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Greene Co. Mo.

DATE

Nov. 2, 1931

19. UNDERTAKER (ADDRESS)

*E. E. Shover
Greene Co. Mo.*

20. FILED

11/3

19

31

Nov

1931

Greene

Mo.

Registrar.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

OCT. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from

January 1, 1929 to OCT 31, 1931

Last saw him alive on *OCT 31, 1931*. Death is said

to have occurred on the date stated above, at *11:45 p.m.*

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

Diabetic Mellitus

Date of onset *30th Dec 1929*

Other contributory causes of importance:

Name of operation *None*

Date of

What test confirmed diagnosis? *Diabetic Mellitus* 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)

(Address)

*E. E. Shover, M. D.
Greene Co. Mo.*

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.

NOV 24 1931

