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

Do not use this space.

53

File No.

Registered No. 12

1. PLACE OF DEATH

4 County Audrain

4 Township Saltillo

City Mexico Mo No. , St. Ward)

Registration District No. 26

Primary Registration District No. 3002

1

2. FULL NAME Benjamin F. Adams

(a) Residence, No. 826 N. Jefferson, St., 1st 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)

FEB 20 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Louisa Adams.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17. 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74.	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 97

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 13 B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois. 2

FATHER

13. NAME Wayne Adams. 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

MOTHER

15. MAIDEN NAME Margaret Atkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) C. W. Adams Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lockridge Cemetery DATE Jan 25 1932

19. UNDERTAKER (ADDRESS) H. N. Pruett & Son. Mexico. Mo.

20. Jan 25th 1932 Ira S Milligan Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to Jan 23, 1932

Last saw h... alive on Jan 22, 1932. Death is said to have occurred on the date stated above, at 3:00 A m.

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

	Date of onset
Uremia -	
Hypertension	
Chronic arteriosclerosis	

Other contributory causes of importance:

Hypertrophied prostate gland

Name of operation None 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? None Date of injury ....., 19.....

Where did injury occur? None
(Specify city or town, county, and State)

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

None.

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. C. Bradshaw, M. D.

(Address) Mexico, Mo