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.

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

Do not use this space.

3390

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FEB 25 1932

1. PLACE OF DEATH
County Scotland — Registration District No. 810 — File No.
Township Union — Primary Registration District No. 6056 — Registered No. 1
City (No. St. Ward)

2. FULL NAME Charles Fredrick 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~~ Hilma Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3-1888

7. AGE — YEARS 43 — MONTHS 2 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) Scotland Co Mo

FATHER
13. NAME Chas. T. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

MOTHER
15. MAIDEN NAME Maggie E. Rosenberger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs Fred Adams

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fawn Ridge DATE Jan 18, 32

19. UNDERTAKER (ADDRESS) Gerth & Baskett Memphis Mo

20. FILED 1/21, 1932 C. E. Pasch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 16, 1932
I last saw him alive on Jan 16, 1932. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Ruptured aneurism of arch of aorta — Date of onset

96 96

Other contributory causes of importance: 16

Name of operation 8 Date of
What test confirmed diagnosis? 0 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?
If so, specify
(Signed) M H Baker, M. D.
(Address) Memphis Mo