

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.

MAR 22 1934

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

Stone
Do not use this space.

4383

File No. _____
Registered No. 108
St. _____ Ward _____

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 5439
City Springfield (No. R # 4)

2. FULL NAME

(a) Residence, No. R # 4 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) unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-26-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
about 50 or 60 2 19

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 275

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

13. NAME Charles Chad Adams

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

15. MAIDEN NAME Betty Adelaide Jones

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

17. INFORMANT (ADDRESS) Chas. Allen, Jr.

18. BURIAL, CREMATION, OR REMOVAL Springfield Cemetery DATE Feb 18 1932

19. UNDERTAKER (ADDRESS) Springfield

20. FILED 2-10 19 32 For Sharp

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him dead alive on Feb. 9, 1932 Death is said to have occurred on the date stated above, at 6 A. m.

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

Tuberculosis of lungs and intestines 23A
2.5

Physicians in attendance
Other contributory causes of importance:

23B 5

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Henry C. Stone, General, M. D.

(Address) Springfield, Mo.

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