

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

Do not use this space.

1. PLACE OF DEATH

5-3 County Boonville
2 Township
6 City Lebanon (No. _____)

Registration District No. 449
Primary Registration District No. 4267

File No. 9009
Registered No. 1723
St. _____ Ward _____

2. FULL NAME

Geo. L. Adams

(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 M 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 2 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 54
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) St. Smith Ark 2

FATHER 13. NAME J. C. Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

MOTHER 15. MAIDEN NAME Lena Gatts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 2

17. INFORMANT (ADDRESS) J. C. Adams Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Churchland DATE 3/25 1931

19. UNDERTAKER (ADDRESS) Lebanon Mo

20. FILED Mar 24 1932 J. H. Beling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Fri 1 1932 to Mar 21 1932
I last saw him alive on March 21 1932 Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 3 yrs ago
23A
23
Other contributory causes of importance: (1)

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) P. H. Adams, M. D.
(Address) Lebanon Mo

APR 27 1932

