

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

Do not use this space.

19362

1. PLACE OF DEATH
 46 County Howell Registration District No. 387
 Township Wing Creek Primary Registration District No. 5540
 City Pomona (No. _____) St. _____ Ward _____

2. FULL NAME Mr. Thomas Bufford Adams
 (a) Residence. No. Salem 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. 1 - mos. _____ ds. How long in U. S., if of foreign birth? 62 yrs. 9 mos. 16 ds.

23 1932

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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 Mrs. Louise Trasa Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1 - 1870

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>62</u>	<u>9</u>	<u>16</u>	<u>16</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1932
 17. I HEREBY CERTIFY, That I attended deceased from May 14 1932, to June 17 1932, that I last saw him alive on June 16 1932, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis Disease
Probably More than 68 (duration) 17 yrs. 16 mos. 16 ds.
 CONTRIBUTORY (SECONDARY) Unknown (C.D.) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Rolla Mo
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Phosphorus lab finding
 (Signed) W.D. Cost, M. D.
6-17-1932 (Address) Pomona Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) On farm, Phelps Co., Mo.
 (STATE OR COUNTRY) _____

10. NAME OF FATHER John Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) On farm Phelps County, Mo
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Henrietta Green

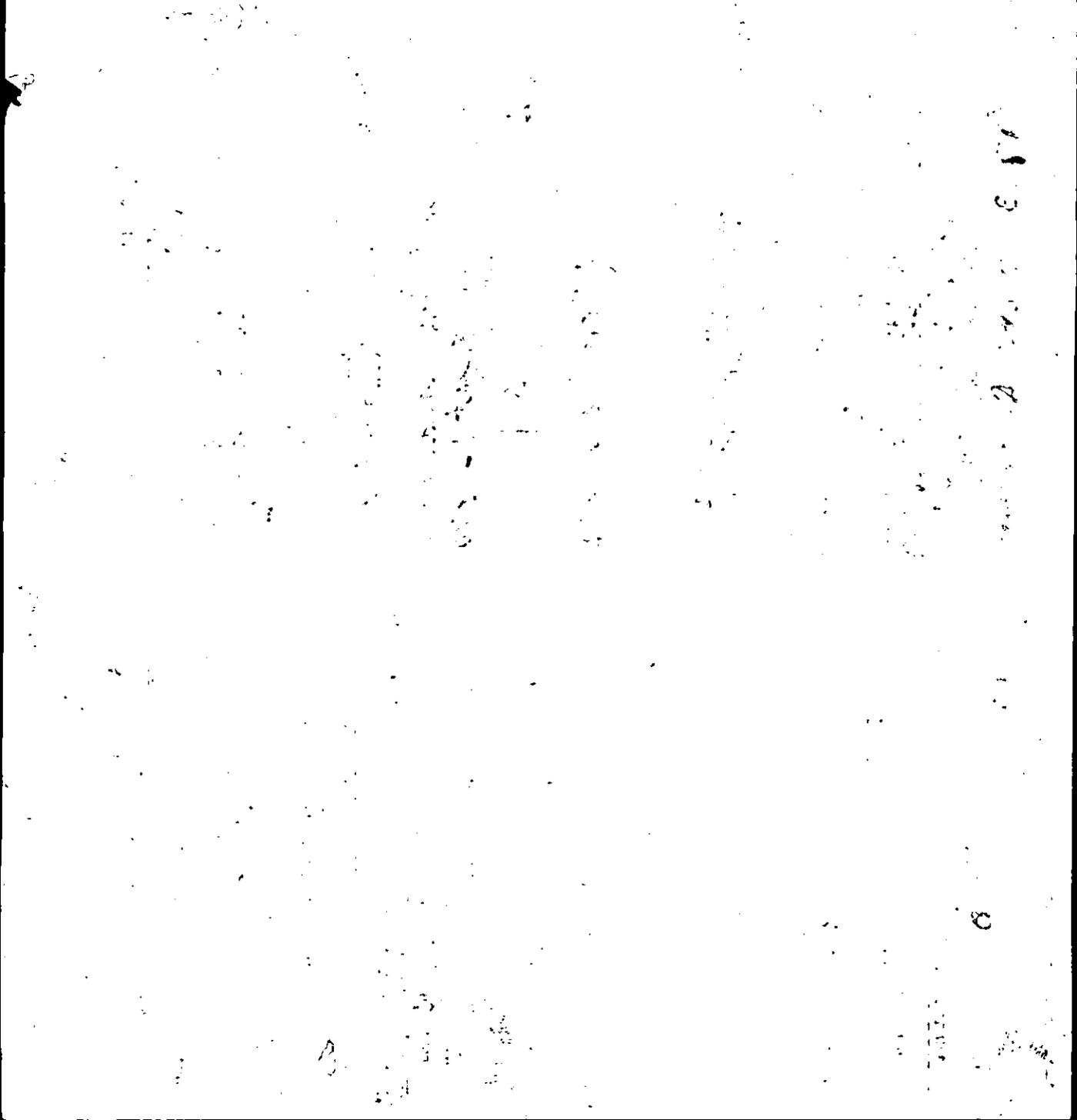
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) On farm Dent County, Mo
 (STATE OR COUNTRY) _____

14. INFORMANT Mr. H. M. Adams
 (Address) Unit Dent Co

15. FILED 6-17-1932 W. D. Farmer
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rolla - Mo
 DATE OF BURIAL 1932

20. UNDERTAKER Wells Lichliter
Rolla Mo
 ADDRESS Rolla Mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dawson Registration District No. 387
Township Dry Creek Primary Registration District No. 3340
City (No.) St. Ward

File No. _____
Registered No. 9

2. FULL NAME

Thomas Bufford 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. M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1 - 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 X 9 16

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. _____
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 6/17 1932 Matthe W. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1932

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

I last saw h. _____ alive on _____, 19_____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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