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.

AUG 22 1932

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

Do not use this space.

File No. 21843

Registered No.

1. PLACE OF DEATH
3 County: Atchison
Township: Clark
City: ..... No. ..... St. ..... Ward)
Registration District No. 17
Primary Registration District No. 5721

2. FULL NAME: Lawson Quincy Adamson

(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. 8 mos. 20 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 3-1865

7. AGE: Years 66 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Ripley, Ohio

FATHER
13. NAME: Wm Adamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ripley, Ohio

MOTHER
15. MAIDEN NAME: Sophia Dragoo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brown Co. Ohio

17. INFORMANT (ADDRESS): Mrs. Joe Stoffer, Fairfax, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Ridge DATE: 7/30, 1932

19. UNDERTAKER (ADDRESS): H. H. Schooler, Fairfax, Mo.

20. FILED: Aug 10, 1932 Hettie B. Black, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1932

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1 0 P m.

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

Patient was dead when I arrived. Worked very from eye history Pernicious Anemia 7 Yr.

Date of onset: Sept. 1931

Other contributory causes of importance:

7 Yr

Name of operation: none Date of .....

What test confirmed diagnosis? — 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? No
If so, specify
(Signed) [illegible], M. D.
(Address) Fairfax Mo.