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

Do not use this space.

21994

1. PLACE OF DEATH — 85

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. 1001 Registered No. 664

City St Joseph, Mo (No. Missouri Methodist Hospital St. ..... Ward)

2. FULL NAME T. P. Adams.

(a) Residence, No. ..... St., ... Ward. Lathrop Mo
(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.

AUG 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3. 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	8	5	

OCCUPATION

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

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

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) KENTUCKY.

FATHER

13. NAME William M. Adams.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown KENTUCKY.

MOTHER

15. MAIDEN NAME UNKNOWN.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown KENTUCKY

17. INFORMANT (ADDRESS) Mrs. G. C. Brunit Lawndale. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop Mo DATE JUL 8 1932

19. UNDERTAKER (ADDRESS) DeMoss & Funk. Lathrop. Mo.

20. FILED JUL 8 1932 John K. Bender Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 6th, 1932, to July 8th, 1932

I last saw h... alive on July 8 1932. Death is said to have occurred on the date stated above, at 12 15 a. m.

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

	Date of onset
Peritonitis, General	July 4
1a	
1b	
1c	
1d	

Other contributory causes of importance:

Appendicitis - acute gangrenous.

Name of operation Appendectomy Date of 7-6-32

What test confirmed diagnosis? Operation 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) Paul Jones, M. D.

(Address) St Joseph, Mo

V.S. No. 2.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.