

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

Do not use this space.

26750

**1. PLACE OF DEATH**

64 County Marion Registration District No. 547 File No. ....  
 1/8 Township Y Primary Registration District No. 3029 Registered No. 221  
 City Hannibal (No. ....) Leveing Hospital St. .... Ward)

**2. FULL NAME**

Maxtin Wader Adams  
 (a) Residence, No. 319 N. 6th St. .... Ward. (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) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Adams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1852  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 | 5 | 10  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 126  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27  
 10. Date deceased last worked at this occupation (month and year) 12/7 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Missouri

FATHER 13. NAME William Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Missouri

MOTHER 15. MAIDEN NAME Francis Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Missouri

17. INFORMANT Mrs. Edw. Billings, Daughter  
 (ADDRESS) 319 N 6th, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill, Ill DATE August 1, 1932

19. UNDERTAKER Wm M. Smith  
 (ADDRESS) 402 1/2 Bury, Hannibal, Mo.

20. FILED Aug 9, 1932 Blouaine  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1932 to Aug 8 1932  
 I last saw him alive on Aug. 8, 1932 Death is said to have occurred on the date stated above, at 9:30p.m.  
 The principal cause of death and related causes of importance were as follows:

Obstructive jaundice Date of onset Ag 5  
probab. gall stone  
Coron. art  
 Other contributory causes of importance:  
Pericarditis 12/7 Ag-7

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? (D) (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) W B Norton, M. D.  
 (Address) Hannibal

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.

SEP 24 1932

