

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

Do not use this space.

Charles
30027

File No. _____
Registered No. *238*
St. _____ Ward _____

1. PLACE OF DEATH

80 County *Pitts.* Registration District No. *668*
Township *Adalia* Primary Registration District No. *5889*
City *Adalia* (No. *R-1-W K 3*)

2. FULL NAME

(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 *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widower*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 18-1861*

7. AGE YEARS *71* MONTHS _____ DAYS *14* If LESS than 1 day, _____ hrs. or _____ min.

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) *Mo 1*

13. NAME *Ben Amos*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *NEV*

15. MAIDEN NAME *Donat Know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo 31*

17. INFORMANT (ADDRESS) *Mrs Agnes Christian*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Adalia* DATE *Sept 4* 19*32*

19. UNDERTAKER (ADDRESS) *Wilkins*

20. FILED *9-3* 19*32* Registrar *J. L. Davis*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 2* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 1* 19*32* to *Sept 2* 19*32*

I last saw him alive on *11 40 PM* 19*32* Death is said to have occurred on the date stated above, at *Sept 2 1932*
The principal cause of death and related causes of importance were as follows:

1. *Acute Myelitis* ?
2. *Chronic Myocarditis* ?
3. *Hypertension* ?
Other contributory causes of importance: *1*
Name of operation *none* Date of _____
What test confirmed diagnosis? *Franklin* Where an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury _____ 19____
Where did injury occur? *none* (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) *Prof Charles* M. D.
(Address) *Adalia Mo.*

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.

SEP 28 1932

Richman