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

Do not use this space.

36090

1. PLACE OF DEATH

49
7

County _Jasper_
Township _Galena_
City _Joplin_ (No. _2119 Jackson_ St. Ward)

Registration District No. _411_
Primary Registration District No. _2002_
Registered No. _____
File No. _13_

2. FULL NAME _Carl Eugene Adams_

(a) Residence, No. _2119 Jackson_ St., _____ Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _3_ yrs. _4_ mos. _24_ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _June 14 - 1929_

7. AGE	YEARS	MONTHS	DAYS	If LESS than day, ...hrs. or ....min.
	_3_	_4_	_24_	

OCCUPATION

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

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) _Joplin, Missouri_

FATHER

13. NAME _Claud Adams_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _McDonald Co., Mo._

MOTHER

15. MAIDEN NAME _Cenah Fenimore_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Madison Co., Iowa_

17. INFORMANT (ADDRESS) _Claud Adams, 2119 Jackson Ave., Joplin, Mo._

18. BURIAL, CREMATION, OR REMOVAL _Oakwood Cemetery_ DATE _Nov. 9_, 1932

19. UNDERTAKER (ADDRESS) _Lanpher Mortuary, Joplin, Missouri_

20. FILED _11/9_ 1932 _Nelson Clark_ Registrar.

---

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Nov. 7_, 19_32_

22. I HEREBY CERTIFY, That I attended deceased from _____, 19_____, to _Nov. 7_, 19_32_

I last saw him 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
Broncho-pneumonia	_11/5/32_
Influenza	_11/5/32_

_11A_
_187A_
_112_

Other contributory causes of importance:
Asthma _12/29_

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) _W. C. Craig_, M.D.
(Address) _Frisco Bldg_