

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

Do not use this space.

40964

1. PLACE OF DEATH

County Peru

Registration District No. 65-3

File No. _____

Township _____

Primary Registration District No. 4390

Registered No. 139

City Hayti (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. James Adams Ward _____
(Usual place of abode) Pascola Mrs.

(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 M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-24-1888

7. AGE YEARS 56 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.

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. on the farm

10. Date deceased last worked at this occupation (month and year) 12-22-32 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm

13. NAME George Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm

15. MAIDEN NAME Katherine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm

17. INFORMANT (ADDRESS) Cornelia Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE County Jail DATE 12-24-1932

19. UNDERTAKER (ADDRESS) J. H. Roush

20. FILED 12-24-1932 Registrar J. H. Roush

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1932

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

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:

12522 E. Train while lying on track year 1932. 2nd. Probably for a while.

Other contributory causes of importance:

201

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 12-23-1932

Where did injury occur? Hayti Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Train

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. H. Roush

(Address) Hayti Mo

(5)

Coroner

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.

JAN 27 1933

