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

Do not use this space.
5024

1. PLACE OF DEATH
County Cass — Registration District No. 158
Township Raymore — Primary Registration District No. 4092
City Raymore (No. ..... St. ..... Ward) — File No. 21 — Registered No. 9

2. FULL NAME Charles B. Adams

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

## 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)~~ Effie Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1870

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 1 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Farmer
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) Dec, 1928
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill, Missouri

FATHER
13. NAME John D. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Barbara Haden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Chas. Adams, Raymore, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lee Summit Mo DATE Feb 6, 1933

19. UNDERTAKER (ADDRESS) E. R. Gump & Sons, Belton Mo

20. FILED Feb 6, 1933 W. F. Chaffin, Registrar.

## V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1933, to ....., 19.....
I last saw him alive on Feb 4, 1933. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset Feb 4
Cerebral Hemorrhage
S.D.A.

Other contributory causes of importance:
Arterial sclerosis

Name of operation — Date of —
What test confirmed diagnosis? physician 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? .....
If so, specify .....
(Signed) W. F. Chaffin, M. D.
(Address) Raymore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occu