

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

Do not use this space.

8778

**1. PLACE OF DEATH**

80 County St. Louis Registration District No. 670  
Township Miss Creek Primary Registration District No. 589.6  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

George Washington Adams  
(a) Residence, No. Bedmen Route 11 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Francis Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22, 1872</u>		
7. AGE	YEARS	MONTHS
<u>60</u>	<u>9</u>	<u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Cooper County Missouri</u>		
13. NAME <u>James Adams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper County Missouri</u>		
15. MAIDEN NAME <u>Martha J. Ellis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putt's County Mo.</u>		
17. INFORMANT (ADDRESS) <u>N.A. Sowers, Bedmen Mo R 1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Amity</u> DATE <u>3/1/33</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>MS Pauls &amp; Bros, Sedalia Mo</u>		
20. FILED <u>3-9</u> 19 <u>33</u> <u>Elissie Ferguson</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 27 1933

22. (HEREBY CERTIFY, That I attended deceased from Union Amity, 1933)  
I last saw h..... 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:  
Embocortitis  
97 15  
11 10 9/2/33  
Other contributory causes of importance:  
Septicemia

Date of onset
---------------

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

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) E. Sowers, M. D.  
(Address) Union Amity

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.

