

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

Do not use this space.

6803

1. PLACE OF DEATH

8 2 County Pike
1 Township Cushman
2 City Bowling Green (No. St. Ward)

Registration District No. 684
Primary Registration District No. 4408

File No.
Registered No. 12

2. FULL NAME

William S. Adams

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Rosealthe Johnson Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Louisiana Mo

MOTHER 13. NAME H. W. Adams

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

15. MAIDEN NAME Elizabeth Reading

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Louisiana Mo

17. INFORMANT Newt Adams (ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling Green DATE Feb. 19 1933

19. UNDERTAKER (ADDRESS) W. C. Moore Bowling Green Mo

20. FILED 2/10 1933 W. C. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 - 1933 to Feb 17 - 1933
I last saw him alive on Feb 17 - 1933 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Cancer of ascending colon

Date of onset 11-1-32

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? X-ray Was there an autopsy? etc

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? etc
If so, specify

(Signed) W. K. Edgell, M. D.
(Address) Bowling Green

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.

