

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

Do not use this space.

8817

1. PLACE OF DEATH

County Calaveras
Township El Dorado Spgs Mo
City El Dorado Spgs Mo (No.)

Registration District No. 163
Primary Registration District No. 4095

File No.
Registered No. 28
St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) J. Bruce Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 7 10

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.

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) Howell Co Mo

13. NAME Eddie R Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

15. MAIDEN NAME Bertude Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co Mo

17. INFORMANT Eddie R Adams (ADDRESS) El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clintonville DATE 3-31- 1933

19. UNDERTAKER Mapes Funeral Home (ADDRESS) El Dorado Spgs Mo

20. FILED 3-30- 1933 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to March 29, 1933. I last saw him alive on March 29, 1933. Death is said to have occurred on the date stated above, at 11 P. m.

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

Endocarditis, about Date of onset Mar. 7, 33

910 910

Other contributory causes of importance: Chance known.

Name of operation Chance Date of What test confirmed diagnosis? Chance Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No, 19.... Where did injury occur? No

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. P. Williams, M. D.

(Address) El Dorado Spgs Mo

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.

APR 24 1933

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

