

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.

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

Do not use this space.

9185

1. PLACE OF DEATH

County Camden
Township Springfield
City Springfield

Registration District No. 318
Primary Registration District No. 2001
St. Mo. Ward Pierce

File No. _____
Registered No. 234
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2105 N. Pierce 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS 52 MONTHS Mar DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor
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) Mo.

13. NAME James Adams

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

15. MAIDEN NAME Susan Weaver

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

17. INFORMANT (ADDRESS) Catherine Adams
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Mem. DATE 3-15 1933

19. UNDERTAKER (ADDRESS) W. J. Campbell
Springfield, Mo.

20. FILED 3-13 1933 Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1932 to 3-12 1933

I last saw him alive on 3-10 1933 Death is said

to have occurred on the date stated above, at 12:15 Springfield
The principal cause of death and related causes of importance were as follows:

Tubercula Acedemiti Date of onset _____
and paratubercula 6-8 months
29 25
29A

Other contributory causes of importance: Mal nutrition

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) O. E. Feller _____, M. D.

(Address) Springfield, Mo.

