

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

Do not use this space.

17019 A

1. PLACE OF DEATH

County Lawrence Registration District No. 468
Township Beck Prairie Primary Registration District No. 42-81
City Marionville (No., St. Ward)

File No.
Registered No. 31
St. Ward)

2. FULL NAME Wm. Parker 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, 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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Adams</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14th 1868</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>6</u>	<u>16</u>	
OCCUPATION	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) <u>1932</u>		11. Total time (years) spent in this occupation. <u>44 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>				
FATHER	13. NAME <u>Washington Adams</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>			
MOTHER	15. MAIDEN NAME <u>Martha Martin</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>			
17. INFORMANT <u>B. W. Farber</u> (ADDRESS) <u>Marionville Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marionville Mo</u> DATE <u>May 9th 1933</u>				
19. UNDERTAKER <u>A. S. Wallace</u> (ADDRESS) <u>Beck Prairie Mo</u>				
20. FILED <u>9-9</u> 19 <u>33</u> <u>Laura O. Cammady</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1888 to May 4th 1933.
I last saw him alive on May 3rd 1888. Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
93%
93%
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Aspiration 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? no
If so, specify.....
(Signed) F. W. Lester, M. D.
(Address) Marionville 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.

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

SEP 26 1933

