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

Do not use this space.

17269

File No. 20

Registered No.

1. PLACE OF DEATH
County New Madrid Registration District No. 607
Township Primary Registration District No. 4361
City Portageville (No. St. Ward)

2. FULL NAME Jefferson Davis Adams Jr

(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.

MAY 22 1933

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

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: Celia Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 7. 1867

7. AGE: Years 66 | Months 2 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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. Real estate
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): New Madrid Co.

FATHER

13. NAME: Well Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid Co.

MOTHER

15. MAIDEN NAME: Celia Meatte
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missoueri

17. INFORMANT (ADDRESS): Julian Adams Portageville Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Portageville Mo DATE May 6 1933

19. UNDERTAKER (ADDRESS): Merrijo Funeral Home Portageville Mo.

20. FILED 6/10 1933 H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec — 1932 to May 4 1933
I last saw ~~he/she~~ alive on 5/4/33, 1933 Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
1:30 "	

Other contributory causes of importance:

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) H. L. Gullett, M. D.
(Address) Portageville Mo