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

Do not use this space.

1. PLACE OF DEATH
16 County Cape Girardeau — Registration District No. 124
2 Township Byrd — Primary Registration District No. 4070
2 City Jackson Mo (No. ..... St. ..... Ward)

File No. 22510
Registered No. 31

2. FULL NAME Pearl Burett 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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M. | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Emma Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24-1875

7. AGE — YEARS: 57 | MONTHS: 11 | DAYS: 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Dealer

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): January 12-33 — 11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pocahontas Mo.

FATHER

13. NAME: Elam Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pocahontas Mo

MOTHER

15. MAIDEN NAME: Lydia Bonney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pocahontas Mo

17. INFORMANT (ADDRESS): Loyd Adams Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Old Apple Creek Cemetery — DATE: July 16 19 33

19. UNDERTAKER (ADDRESS): Cracraft & Mullen Jackson Mo

20. FILED 7-14 19 33 D. G. Luber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 13 19 33 to July 14 19 33
I last saw him alive on July 14 19 33 Death is said to have occurred on the date stated above, at 10:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthama	
455	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms 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) D. L. Leonard M. D.
(Address) Jackson 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