

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.

AUG 2 6 1923

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23919

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

2. FULL NAME Gerald Hazel 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Jennie Morganti Adams
 (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>27</u>		<u>10</u>	<u>18</u>	

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

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) Portageville Mo

13. NAME Jeff. D Adams

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Portageville Mo

15. MAIDEN NAME Mary Hannah Arbuckle

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St. Genevieve Mo

17. INFORMANT Harriet Adams
 (ADDRESS) Portageville

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Portageville DATE 7/27 23

19. UNDERTAKER R. M. Payne
 (ADDRESS) Portageville Mo

20. FILED 7/25 23 McCook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th, 1923

22. I HEREBY CERTIFY, That I attended deceased from July 14th 23, 1923 to July 15th 23, 1923

I last saw him alive on July 10th 23, 1923 Death is said to have occurred on the date stated above, at 8-30 am.

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

Septicemia
due to metastatic abscesses
the type of MICROCOCCUS, I
do not know.

Date of onset

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 _____, 1923

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) A. A. Reiber, M. D.

(Address) Portageville, Mo.

