

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

Do not use this space.

25886

1. PLACE OF DEATH

19 County Cass Registration District No. 154
Township Index Primary Registration District No. 2-18A
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Ewett Cleveland Adams
(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
3. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 Days 10 Days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) Lawrence City Mo.
(STATE OR COUNTRY)

13. NAME ~~Charles Adams~~

14. BIRTHPLACE (CITY OR TOWN) ~~Lawrence City Mo.~~
(STATE OR COUNTRY)

15. MAIDEN NAME Nona Adams

16. BIRTHPLACE (CITY OR TOWN) Lawrence City Mo.
(STATE OR COUNTRY)

17. INFORMANT Wes Stinson Adams
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Mo. Aug 26
PLACE Knob Knobler DATE 1933

19. UNDERTAKER A. H. Hartzler
(ADDRESS) East 4th St. Mo.

20. FILED Aug 26, 1933 Frank B. Eells
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug - 16, 1933, to Aug - 26, 1933.
I last saw him alive on Aug - 25, 1933. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis
130
130
Other contributory causes of importance: 11

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury X, 1933
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. H. Garrison, M. D.
(Address) East 4th St. Mo.

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

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.

SEP 26 1933

11. a 701. By C. C. C. C.

L. J. Miller, ✓
Lupton eig. Grant ✓

Paul Moore

Reuben Yoder ✓

B. J. ✓

C. A. Hartzel ✓

D. A. ✓ 16-8

C. V. ✓

J. E. ✓ Miller or 5-3

O. J. Hartzel

King and Platt od. C. C. C. C.