

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.

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

Do not use this space.

29365

1. PLACE OF DEATH

County *Greene*Township *Springfield*City *Springfield*(No. *318*)Registration District No. *318*Primary Registration District No. *2006*File No. *675*Registered No. *675*St. *Mo.*Ward *1*

2. FULL NAME

(a) Residence, No. *Charity Mo.*

(Usual place of abode)

Ward.

(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) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 19 - 1916*

7. AGE

YEARS *17*MONTHS *8*DAYS *0*

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.

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) *Nebraska*

FATHER

13. NAME *H M Adams*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

MOTHER

15. MAIDEN NAME *Nancie Mills*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*17. INFORMANT (ADDRESS) *Mrs B. M. Adams*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Sioux Rapids Iowa*DATE *Sept 21 1933*19. UNDERTAKER (ADDRESS) *H. H. Johnson*(ADDRESS) *Springfield Mo.*20. FILED *9-2-1933**1933**Ralph W. Langford*

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 19 1933*22. I HEREBY CERTIFY, That I attended deceased from *9-16*, 19*33*, to *9-19*, 19*33*I last saw him alive on *9-19*, 19*33*. Death is saidto have occurred on the date stated above, at *430* a.m.

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

Date of onset

Cellulitis of lower lip & 9-10-33
115 Flower St 2
1118
152 B

Other contributory causes of importance:

Pulmonary in facts & 9-17-33
edema

Name of operation *multiple stab* Date of *9/19/33*What test confirmed diagnosis? *Clinical Pathology* Was there an autopsy? *Yes*

23. If death was due to external causes (Violence) (All 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) *M. J. Faulkner*(Address) *Med Arts Spfld Mo.*

