

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.

35518

1. PLACE OF DEATH

County Wright
Township Clark
City (No.)

Registration District No. 1122
Primary Registration District No. 6226

File No.
Registered No. 12
Ward

2. FULL NAME

(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 79 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>27</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah J. Adamson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 26-1853</u>		
7. AGE <u>79</u>	YEARS <u>10</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>James</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u>Oct 1923</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright Co. Missouri</u>		
13. NAME <u>Alfred Adamson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT <u>Mr. Chas. Moody</u> (ADDRESS) <u>Manifield Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Charles</u> DATE <u>Oct 8</u> 19 <u>23</u>		
19. UNDERTAKER <u>F. G. Stepper</u> (ADDRESS) <u>Manifield Mo.</u>		
20. FILED <u>10/12</u> 19 <u>23</u> <u>T. B. Bouldin</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 192322. I HEREBY CERTIFY, That I attended deceased from , 1923, to , 1923.I last saw h. alive on , 1923. Death is said to have occurred on the date stated above, at 4 A. m.

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

Postic Insufficiency
Chronic heart failure
Heart condition several years
and was found dead in bed
92A

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 , 1923Where 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? noIf so, specify (Signed) F. G. Stepper Manifield Mo.(Address) Manifield Mo.

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